NURSING CULTURE, COMMUNICATION RULES AND JOB SATISFACTION IN GERIATRIC LONG STAY WARDS

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DECLARATION

This thesis is my own work and no part of it has been submitted for a degree at this or any other University.

ABSTRACT

An exploratory, descriptive questionnaire survey was conducted in wards providing continuing care for elderly people, to describe nursing staff perceptions of ward culture and its relation to job satisfaction. The study was designed to answer three principal research questions:

1. To what extent are management practices in geriatric long stay wards perceived as participative (open) by nursing staff?

2. Is the degree of ward openness positively associated with nursing staff levels of job satisfaction?

3. Are perceptions of ward openness and levels of job satisfaction related to nursing staff grade?

Study participants were recruited from 79 wards in two mainland health boards to provide a stratified random sample of 474 nursing staff, comprising first level nurses, second level nurses and nursing auxiliaries.

The study was based on a communication rules approach to understanding organisational culture. Likert's (1961) description of a hypothetical 'participative group' management system, where there was free flow of information, participative decision-making and high job satisfaction levels was used to develop a 30-item 'Communication Rules' questionnaire to assess nursing staff perceptions of management 'openness' in geriatric long stay wards. Quinn and Staines' (1979) Facet Free Job Satisfaction Test was used to assess levels of job satisfaction among ward nursing staff and the relationships between staff grade, perceptions of openness and job satisfaction were explored. Ward members mean 'openness' and mean 'job satisfaction' scores were used to provide simple indices of 'ward openness' and 'ward satisfaction' in order to explore differences among wards.

The majority of wards were perceived as open; the score differences between those wards with the highest and those with the lowest openness indices were statistically significant. A positive association was found between ward openness and staff job satisfaction. Further, ratings of openness and levels of job satisfaction correlated positively with respondents' reports of the frequency of 'good days', negatively with 'bad days'. Openness ratings and levels of job satisfaction were also associated with nursing staff grade.

Through advances in organisation theory that include 'culture' concepts, the 'communication rules approach' provided new insights about nursing staff perceptions of ward openness and its relation to levels of job satisfaction. Further, in-depth research on the relationship between ward openness and nursing staff job satisfaction is recommended. The implications of the study for information sharing, decision-making, change management, education and nursing practice are considered. It is recommended that the findings should be used to guide future approaches to nursing management and skill development in the nursing care of elderly people in long stay wards.

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CONTENTS

LIST OF TABLES

Chapter One

INTRODUCTION

ELDERLY PEOPLE AND HOSPITAL CARE

The rising tide of Scotland's ageing population has been the focus of increasing attention at central and local government, in view of the substantial resource implications of our changing demography. As a client group, the elderly have been consistently identified as a priority concern in policy formulation and service planning (SHARPEN, SHHD, 1988; National Health Service and Community Care Act, HMSO, 1990).

Prior to the outset of the study, nurses, who constitute the largest manpower contributors within the National Health Service (NHS), were identified as the most important category of caring staff to be considered in forward planning for the care of infirm old people (sect 6.36, Report of the Royal Commission on the National Health Service, Merrison, 1979). The consequences of the projected increases in the higher age-bands among those aged 65 years and over were explored in 'Changing Patterns of Care' (MacDonald, 1980) and the SHAPE report (SHHD, 1980) outlining Scottish Health Authorities Priorities for the Eighties. Between 1976 and 1986, the number of people aged 75-84 years was expected to rise by 42,500 (21%) to 243,000 and the number of people aged 85 years and over to increase by 12,800 (31%) to 54,000, with the assumption that residential provision for people aged over 75 years 'will increasingly be health service provision' (MacDonald, 1980).

The expectation that changes in the age structure of the elderly population would make increasing demands on the NHS hospital sector was borne of the recognition that morbidity and dependency levels rise sharply in the 85+ age-group. Among those aged 85 years and over,

deteriorating mobility, confusion and incontinence are the most common problems affecting elderly people. For example, it is estimated that at least one in five people in this age-band suffer from senile dementia (Batchelor, 1984). It was predicted that increases in levels of dependency among elderly people would lead to increasing demand for residential placements in all sectors of provision: private, voluntary, local authority and health service. Whilst Wade Sawyer and Bell, 1983 and Bond, 1984 have shown that there are many similarities in dependency characteristics among elderly people in each of the above forms of residential care, there is evidence to suggest that the *concentration* of severely disabled people in NHS establishments, including NHS nursing homes, is much higher than, for example, private care, where the majority of residents are 'able' and as few as five per cent are severely dependent (Bond, 1984; Capewell, Primrose and MacIntyre, 1986). In the prevailing context of the mid-1980's, it was anticipated that the changing age structure of the elderly population, with an associated increase in morbidity levels, would lead to a further concentration of the highly dependent elderly in geriatric long-stay wards.

Together with psychiatry and the care of mentally handicapped people, the care of elderly people was identified as one of the 'Cinderella' areas of the health service, with special problems of recruitment and morale (Merrison, 1979). When compared with other 'high dependency' areas, such as intensive care units, the proportion of registered and Enrolled Nurses in the nursing staff complement of wards in the 'Cinderella' areas was relatively low. Low ratios of registered nurses sometimes led to difficulties in achieving adequate registered nurse cover to satisfy educational requirements for the supervision of learners.

Further, newly qualified staff nurses were discouraged from making an early career commitment to the geriatric sector, lest they prejudice career development or limit opportunities to return to work in acute hospital wards. Many of the long stay wards were not designated 'teaching areas'; lack of experience in teaching areas often compromised registered nurses' promotional chances. Hence, at a time when substantial expansion of geriatric hospital provision was expected, potential problems in staff recruitment and retention were emerging. Further, it became apparent from population trends that a reduction in the size of the birth cohort achieving majority in the early 1990's was likely to adversely affect levels of recruitment to nursing among school leavers and a recruitment drive among mature nurses was considered as one way of addressing the projected shortfall in novice entrants.

It is possible that some problems concerning staff recruitment and staff satisfaction, or morale, might have been related to aspects of professional management or attitudes within the employing organisation, the NHS, rather than the characteristics of the client group of elderly people who were admitted to long stay wards. In the author's view, the anticipated problems in nursing staff recruitment and morale could be expected to affect the continuing care of elderly people in a hospital setting. Through concern for anticipated problems in recruitment and morale, the author was prompted to explore existing knowledge about nursing management, satisfaction and morale in geriatric long stay wards.

NURSING MANAGEMENT, SATISFACTION AND MORALE

Nursing literature was reviewed to identify examples of research on ward organisation that explored management practices in nursing and their relation to morale. In view of the relative lack of empirical data describing nursing staff perceptions of management practices and their relation to satisfaction or morale in geriatric long stay wards, literature from disciplines other than nursing was reviewed to explore conceptual developments in areas with long established traditions of research.

Initially, the development of the study was approached with a concern to explore whether the organisation of geriatric long-stay wards could be described as 'participative' and whether ward management practices were related to nursing staff morale. It was hoped that this might extend the knowledge base of nursing by focusing on organisational issues and provide some guidance to new staff recruited to the long stay sector of the NHS provision for elderly people. In light of Peterson's (1983) assertion that the collective accomplishment of nursing action is strongly linked to the verbal interactions produced within the organizational culture of nursing work, it is argued that the context of geriatric long-stay care will generate particular forms of professional communication. Following Warren's (1978) suggestion that morale in the health care team is related to communication among health professionals, the author was prompted to focus on relationships between communication, culture, satisfaction and morale as potential avenues for research.

The review of literature from disciplines other than nursing led to the identification of a framework to focus the content of the study and select a paradigm through which to conduct the research. Likert's (1961) postulate of an 'ideal type' of participative management system, where job satisfaction levels were high, was identified as a basis for exploring the relationship between 'ward openness' and nursing staff satisfaction in geriatric long stay wards. The communication rules approach to understanding organisational culture was chosen to capture conceptual advances in the study of organisations and shape the development of the research instruments. Following a review of job satisfaction theories, a job satisfaction measure was identified that was content, context and facet independent: Quinn and Staines' (1979) Facet Free Job Satisfaction Test. After completion of the initial, preliminary literature review, when new approaches to complementing the existing knowledge base of nursing were identified, the research questions were formulated as follows:

- **To what extent are management practices in geriatric long stay wards perceived as participative (open) by nursing staff?**
- **Is the degree of ward openness positively associated with nursing staff levels of job satisfaction?**
- **Are perceptions of ward openness and levels of job satisfaction related to nursing staff grade?**

Chapter Two

REVIEW OF LITERATURE AND THEORY DEVELOPMENT

The review of literature was approached with the broad aim of exploring nursing knowledge about ward organisation and its relation to staff satisfaction or morale, in order to identify research needs. Review of conceptual and theoretical advances in nursing suggested that there was a relative paucity of research on organisational issues and a lack of empirical data with which to describe nursing staff perceptions of ward management practices. Through conceptual and theoretical developments in disciplines other than nursing, organisation theories were explored. Shifts from positivist, functionalist orientations towards humanistic, transactional approaches in leadership studies are described and the development of new research paradigms is discussed. Likert's (1961) description of a hypothetical, participative group system of management is identified as a focus for exploring the relationship between management practices and staff job satisfaction. The concept of organisational culture is considered as a basis for exploratory research, to generate empirical data concerning the collective social realities through which nursing staff organise their work in hospital wards. The communication rules perspective is discussed as an approach to discovering the emergent, unique social constructions that evolve in organisations through exploring organisational culture. Job satisfaction literature is explored in order to guide the selection of an instrument with which to measure nursing staff job satisfaction.

DEVELOPMENTS IN NURSING KNOWLEDGE

The major conceptual advances in nursing over the last two decades have focused on the development of models to systematise practice and theories to explain nursing activity. The conceptualization of universal theories of nursing (e.g. Roger's theory of unitary man, 1970) has yielded little pragmatic guidance for the development of research methods for

nursing. Indeed, it has been argued that as some aspects of nursing have yet to be described, it is premature to advance explanatory or predictive theory.

Presently, approaches to theory development can be quite diverse, ranging from deductive theorising to grounded, inductive approaches to theory generation and this diversity is reflected in a widespread acceptance of multiple theories in nursing. For example, King's Theory (1981), which is based on the interaction of personal systems, interpersonal systems, social systems and a theory of goal attainment, uses concepts from role theory and general systems theory; Roy's Adaptation Model (1984) in which the person is viewed as an adaptive, integrated system, is based on Helson's (1964) theory of adaptation.

Despite the evident diversity of approaches, and the inclusion of concepts that are often associated with organizational theory and research, the search for scientific knowledge in nursing has focused predominantly on the nurse-client relationship with relatively little attention given to the study of nursing organisation.

Kim (1983) describes the theoretical domain of nursing as comprising three distinct entities: 'client', 'environment' and 'nursing *action*'. (Nursing *action* comprises the 'client-nurse system' and the '*nursing system*') Kim has observed that

> Conceptualisation of nursing action is rarely done by nursing theorists in a systematic way (p. 132)

Kim's (1983) critique, in which the 'nurse system' refers to organisational issues and the culture of nursing practice, challenged the prevalent view that organisational activities in nursing are simply

incidental to the nursing process. The view that existing research paradigms were deficient in the exploration of organisational aspects of nursing has also been expressed in Brown, Tanner and Padrick's (1984) analysis of nursing research between 1952 and 1980, where they described a paucity of reported studies on organisational issues. Such evidence reinforced Batey's (1977) demand for adequate conceptualisation in nursing studies and supported Meleis' (1985) assertion that the development of 'depositories of collected facts' in nursing has been preceded by a preoccupation with the process, rather than the content of nursing research. To investigate Meleis' (1985) claim, the content of nursing research was reviewed to explore any gaps in research on organisational issues.

Research content: organisational issues

Despite an expansion in research on nursing organisation since the early 1970's, nursing research activity has tended to focus on structural aspects of hospital management. Studies which have sought to explore organisational issues in hospital wards have tended to take a managerial perspective (e.g. Pembrey's (1978) exploration of patterns of ward organisation focused on the ward sister's role) whilst ward communication studies have tended to focus on formal communication and communication structure. For example, Lelean's (1977) study of communication effectiveness focused on nurses' interpretations of physician's instruction for patient care in medical wards.

Though recent texts on nursing management have emphasised the importance of interpersonal skills, much of the literature draws heavily on research evidence from disciplines other than nursing. In texts where

communication among nurses has been addressed, discussion has focused on nurse/co-worker dyads rather than group dynamics (e.g. Bradley and Edinberg, 1982). Even Peplau's (1952) influential treatise on interpersonal relations, (in which a psychodynamic frame of reference is offered and in which the concept of 'participation' is a central theme) focuses almost exclusively on nurse-patient interaction.

Nonetheless, the field of psychiatric nursing has provided examples of studies which focus on group processes and interaction. There have been attempts to describe ward climate, or atmosphere, as in Moos (1974a) development of a ward atmosphere scale. However, Moos' (1974b) scale has limited applicability in a geriatric setting as it assumes a level of response competence among respondents which is often difficult to achieve among geriatric hospital inpatients, because of communication difficulties such as dysphasia or cognitive impairment. Ward climate has also been explored in relation to ward learning environment as perceived by nurse learners. Orton (1979) and Ogier (1980) each attempted to assess ward learning climate by exploring the perceptions of student nurses, ward sisters and nurse educators, yet failed to include the views of Staff Nurses and Enrolled Nurses who contributed to the learning climate but did not share the managerial status of the ward sister.

Studies which explore shared perceptions of organisational communication are limited in number and have seldom been approached from a group perspective: whilst Cope's (1981) study on organisational development and action research in hospital addresses group management, it focuses on the change process and Chua's (1982) adoption of a hermeneutic approach to explore organisational effectiveness is focused on educational issues in nursing.

Research conducted in the geriatric field has highlighted the importance of creating a supportive milieu through which the organisation of nursing practice is managed. Baker (1978) asserted that there was widespread dissatisfaction with the situation concerning the nursing care of the elderly and low morale among nurses engaged in the work. Though Baker's research focus was the attitude of nurses to the care of elderly people, she argued that management reforms were essential to shift nursing staff orientations away from perspectives of geriatric care as routine. Wells' (1975) study of the major problems of nursing management of the care of elderly people recognised the powerful impact of 'enforced community' in geriatric wards. In Wells' study, activity sampling methods were used to provide a description of the current work of geriatric ward nurses. Wells concluded that nursing care was essentially depersonalised and related the problems that she observed to lack of organization, (other than organization by 'irrational' routine) and attributed these problems to inadequacies in verbal and written communication, as well as lack of adequate ward management.

Since then, Kitson (1984) has identified the ward sister's 'therapeutic nursing function' as a central influence in the promotion of patient centred care. Kitson asserted that the failure of nursing to develop a geriatric nursing model to 'organize, control and direct nursing practice' led to depersonalized care. She developed a composite measure to assess the extent to which nursing action is therapeutic and she highlighted the importance of the Ward Sister's role in promoting a therapeutic nursing environment through guidance and support of staff and extended the concept of the nurse as therapeutic agent to include her managerial relationship with nursing colleagues.

As most of the research on ward organisation in the United Kingdom has been conducted within the National Health Service, the functionalist orientation of nursing research may simply reflect a hierarchical, bureaucratic social order in the fields in which research was conducted. Indeed, this explanation concurs with Draper, Grenholm and Best's (1976) contention that the National Health Service shifted from participative decision-making towards a mechanistic, bureaucratic approach in the 1970's.

Curiously, however, Draper, Grenholm and Best's (1976) critique also appeared to express a functionalist perspective in that it described the NHS as if it were essentially monolithic, yet Benner (1984) has argued that the development of nursing expertise is context specific. Indeed the recognition of local, contextual variations within organisations was a central tenet in Alexander's (1982) study of professional nurses' role orientations in a range of organisational units. Alexander (1982) asserted that

> organisational circumstances of nursing practice influence individual work orientations, quite apart from prior professional socialization (p.3)

The Alexander study represented an important departure from the traditional perspective in studies of hospital organisation (e.g. Revans, 1964), in which ward specialties are seldom differentiated and the organisation is discussed as if it were homogeneous. Whilst Alexander's (1982) work draws on data collected from United States hospitals and focuses on professional nurses' role orientations, the central thesis, which highlights the internal structural variation that can occur within as well as among organisations, provides a rationale for studying hospital sub-

units, such as the long stay ward. Moreover, Alexander challenges Draper, Grenholm and Best's (1976) 'monolithic' view of the NHS by emphasising organisational diversity.

Review of conceptual and theoretical developments in nursing suggest that there is a relative deficit in our knowledge base concerning organisational issues. Among the nursing studies which have addressed organisational issues, the content of research has tended to take a managerial perspective, with a focus on structuralist issues and communication dyads. Shared perceptions of organisational practice have seldom been explored from a group perspective and there is a gap in our understanding of the collective, dynamic influences on nursing management and practice. Consequently, conceptual and theoretical advances in disciplines other than nursing were explored, with a view to identifying approaches that could serve to generate factor-isolating and factor relating theories (Dickoff, James and Weidenbach, 1968) and describe the organization of nursing.

THEORIES OF ORGANIZATIONS

Following the departure from the early trait (great man) theories of leadership, through the study of group dynamics to include situational variables, explicit concern for the relationship between group interaction, situation and group satisfaction has become increasingly apparent in the study of organisations over the last 30 years. The shift from an authoritarian, task oriented view of management towards approaches centred on human relations is summarised in Luthan's (1985) continuum of leadership styles, based on Tannenbaum and Schmidt's (1958) descriptors of 'boss-centred' and 'subordinate-centred' leadership.

Table 10: Summary continuum of leadership styles drawn from the classic studies and theories of leadership

Boss-centred	Subordinate-centred
Theory X	Theory Y
Autocratic	Democratic
Production-centred	Employee-centred
Close	General
Initiating structure	Consideration
Task-directed	Human relations
Directive	Supportive
Directive	Participative

**Source: Tannenbaum, R. and Schmidt, W.H. (1958). How to Choose a Leadership Pattern, Harvard Business Review, March-April. (Used with permission)*

Besides the allusion to McGregor's (1960) theory X and theory Y, which focus on the interpretation of human responses to control and responsibility, there are many studies that can be embraced by Luthans' summary. For example, Likert's (1961) four-system theory compares authoritarian versus participative styles of management; Burns and Stalker (1961) characterise authoritarian and democratic styles of leadership in their 'ideal type' model of mechanismic and organismic management structures; Blake and Mouton's (1966) managerial grid looks at the balance between concern for people and concern for productivity; Fiedler's (1967) contingency model of leadership effectiveness explores the relationship between task-oriented and human-oriented management styles in varied situations.

Likert's four-system theory of managerial leadership

From the array of leadership theories reviewed, some of which have been applied in nursing (e.g. Blake, Mouton and Tapper, 1981), Likert's (1961) four-system theory of managerial leadership emerged as having particular salience for the development of the present study. Following extensive research in American industry, Likert (1961) produced a comparative analysis of management systems in which he described three styles of managerial leadership - 'exploitive authoritative', 'benevolent authoritative' and 'consultative' - based on empirical observations and a hypothetical 'participative group' system. In describing the operating characteristics of the 'participative group' system, which Likert perceived as an ideal type, Likert provided a simple framework for the exploration of ward organisational patterns. The combination of features that distinguish Likert's work as a basis for exploring organisational communication and job satisfaction in nursing are as follows:

1. Likert's theory is based on empirical observations and was empirically validated in a survey of managers' experiences.

2. Likert's (1961) description of the operating characteristics of each system type facilitates the application of Likert's theory in a non-industrial setting.

3. Likert's (1961) assertion that one 'ideal type' exists permits a focus on particular aspects of the organisation, in terms of conformity to 'type'.

4. Likert (1961) postulated that job satisfaction levels would be highest in a hypothetical 'participative group' system, where the organisational communication could be described as 'open'. That is, Likert predicted a positive association between communication openness and job satisfaction levels.

5. Likert (1967) related the optimum conditions for system 4 approaches to situations where there was a protracted time-span for achieving organisational objectives - commensurate with the situation in long-stay wards.

Most of Likert's (1961) empirical studies were conducted in production-oriented rather than service-oriented institutions, by questionnaire and interview, which may have limited Likert's exploration of situational variables. Nonetheless, one of the instruments (a Likert-type scale) that he used to test his hypothesis can be applied where situational conditions vary, using his characterisation of the 'participative group' ideal type. Thus, Likert's (1961) hypothesis, that an association exists between the operating characteristics of an organisation and the job satisfaction levels of the organisational staff, provides a framework for exploring the particular characteristic of organisational communication and its relationship to levels of job satisfaction. The extent to which staff perceive the communicative pattern as being of the ideal, 'participative' type can be explored, using a rating scale, in relation to staff satisfaction levels.

Review of Likert's (1961) 'Table of Organisational and Performance Characteristics of Different Management Systems' (Appendix 1) reveals

that the character of the communication process described in the hypothetical participative group is of the 'open' type. In terms of systems theory, an open system is conventionally understood to be one which 'is in continual interaction with its environment' (Kast and Rosenweig, 1974, p.110) and in which there is a high degree of 'communication openness' which is defined as:

> ... the extent to which messages can be modified once the communication process has been initiated
>
> (Katz and Kahn, 1966, p. 258)

In this way, the relationship between Likert's (1961) characterisation of 'communication openness' and its association with high levels of job satisfaction in the participative group system can be explored. By translating the 'operating characteristics' from Likert's table into operating characteristics that would be expected in a ward setting where communication was 'open' (as an ideal type), staff members' views of whether their ward matches the ideal type can be described. In order to identify a research paradigm to explore the operating characteristics of geriatric long stay wards, literature in organisation and communication studies was reviewed.

The identification of a new research paradigm

Recent literature in organisation and communication studies has challenged the mechanistic perspective that dominated the early work in both disciplines. In particular, promotion of the concept of 'organisational culture' and the development of the 'communication rules' approach created opportunities to expand the epistemological basis of existing theories. The melding of the two conceptual approaches in

studies that promoted the use of rules-based models to explore organisational culture (Harris and Cronen, 1979; Schall, 1983) focused attention on the study of group processes and shared meanings among group members.

With respect to Likert's (1961) proposition concerning the relationship between organisation, communication and job satisfaction, the above advances provided the potential for exploring organisational communication from an alternative perspective to the functionalist approach. Hence, Likert's (1961) theoretical propositions, based on empirical observations, could be tested using methodologies that had the power to generate new empirical data as a basis for further inductive theorising. In operational terms, there emerged the possibility of characterising organisational types, such as 'open' wards, by exploring their organisational cultures using the communication rules approach: the relationship between the extent of openness and levels of job satisfaction could then be investigated. In order to develop an alternative approach to testing Likert's (1961) thesis, the concepts of 'organisational culture' and 'communication rules' were explored.

Organisational culture

The concept of organisational culture

Some of the earliest references to the concept of culture, in relation to the study of organisations, are found among the literature of Organisational Development (e.g. Jaques, 1951). In the context of Organisational Development (OD) studies, concepts of culture were rooted in a systems theory framework, where culture was treated as an internal organisational variable, which could be manipulated, by

intervention, to facilitate change in the total organisational system. The OD view of culture reflected the objectivist stance that traditionally permeated both mechanistic and organismic perspectives of organisational systems.

Whilst organisational research continued to be dominated by structuralist, functionalist and positivist perspectives, only limited evidence of cultural phenomena emerged and the concept of organisational culture did not substantially develop for another twenty years, when organisational researchers gave explicit focus to the normative and symbolic aspects of organisations and subjective, interpretive processes were emphasised.

'Culture' and social anthropology

The emergence of cultural phenomena as a focus for research among organisations reflects a conceptual shift among researchers which can be described using Pike's (1954) coinage of 'emic' and 'etic' categories. Following linguist's distinction between phonetics, which attempts to generalise from individual languages to 'cultural universals', and phonemics, which focuses on the sounds of a particular language in a way that is 'culturally specific', the traditional 'etic' approach to the study of organisations gradually gave way to 'emic' approaches which yielded insights into the subjective culture of organisational participants. That is, the traditional etic-oriented research strategies, which were based on systems and criteria of measurement that were external to the phenomena being observed, for comparison across organisations, were gradually supplemented by 'emic' approaches, in which research was conducted from 'within' to explore organisations from the viewpoint of

the organisational participant, as insider, rather than the external observer.

The 'emic' approach of seeking to discover organisations through the perceptions of individuals, and the meanings that were intersubjectively shared among work group members, led to the identification of organisational phenomena that were culture specific. By viewing the organisational context of individual action as culture, cultural facets of the organisation such as shared social ideals, frames of reference and symbols began to be considered as manifestations of the social systems of organisations that were amenable to study in the way that discourse is studied distinctly from language (Ricoeur, 1971).

Clearly the emphasis on meaning and symbolism in the above conceptualisation of culture resonates with the view of culture that has developed in social anthropology. In social anthropology, the concept of culture has no single meaning, and the intersection of recent cultural theory with organisational theory has led to concepts of organisational culture that are diverse in nature, and invoke diverse approaches to organisational analysis. Smircich (1983, p. 348) observed that when organisation theorists develop a cultural analogy, they tend to use concepts of culture from the domains of cognitive anthropology, focusing on shared knowledge (Goodenough, 1971), or symbolic anthropology, focusing on shared meaning (Geertz, 1973) with relatively few references to structural anthropology or psychodynamics, though one of the earliest references to organisational culture in a nursing context, was based on a psychodynamic approach to the study of a U.K. hospital (Menzies, 1960).

Both 'cognitive' and 'symbolic' concepts of culture focus on how individuals perceive and interpret the experience that is shared among members of organisational groups. In giving attention to the thoughts and understanding of organisational members, and their communication, organisational theorists who adopt a cultural perspective share concern with students of organisational leadership who seek to understand the ways in which organisations are socially sustained and coordinated action is achieved.

Since the beginning of the decade, the idea of organisational culture has gained prominence in North America and Canada, through its emergence as a persistent theme at an influential conference 'Interpretive Approaches to Organisational Communication' (Alta, Utah, 1981); its popularisation as a central concept in Peters and Waterman's 'In Search of Excellence' (1982); its acceptance and dissemination in mainstream academia, through, for example, a volume of discussion papers 'Organisational Culture' (Frost, Moore, Louis, Lundberg, Martin (Eds), 1985) and its integration with the concept of leadership in a recently developed management model (in 'Leadership, Organisations and Culture', Smith and Peterson, 1988)

In order to describe the concept of culture in relation to the study of organisations, the emergence of the culture concept and its elaboration into research paradigms that complement the rational, positivist approach of traditional research in organisations will now be presented.

Culture and organisation: a debate

The surging interest, of the last decade, in the culture concept appeared to be a product of the growth in large, multinational corporations and concern for 'corporate culture'; the modern post-industrial context of Western Society and its efforts to address a growth in service industries and the ascendancy of competitive manufacturing in the Far East, particularly Japan.

The Western shift from manufacturing toward service (or people) industries and the commercial success of Japanese enterprise, led to a growing interest in the relationship between culture and organisational life. Much of the language that permeated social anthropologists' accounts of primitive, distant cultures was reified in the language of organisational theorists, when, adopting the stance of cultural strangers, they sought to explore working life in Japanese manufacturing organisations as 'outsiders' (Ouichi, 1981) and later the insider's perspective of what full membership in successful Western organisations 'did' and 'should' entail.

Subsequent to the inception of this study, there has been widespread academic debate about the concept of organizational culture. Morgan (1986) has examined the strengths and limitations of the culture concept as a metaphor for the organisation. Morgan argued that by focusing on everyday activities, the culture metaphor not only highlights the human side of organisation, but also enables us to explore the symbolic significance of apparently 'rational', 'structural' aspects of an organisations framework as cultural artefacts and attend to their meaning in new ways.

Secondly, he argued that in emphasising shared meanings and creativity, the culture concept empowers organisational members to foster ideals and new patterns of meaning, and provides an avenue for influencing and managing change. For example, Morgan suggested that organisational leaders can be encouraged to facilitate change by offering direction and cultivating shared values, rather than issuing directives and trying to impose their own views in the construction of social reality at work.

Morgan further argues that besides enhancing organisational leaders' change management skills, awareness of culture can assist in strategy formulation as it exhorts policy makers to address the social environment and ideological context of organisational work. He regards this awareness as empowering in that he believes it enables members to identify and respond to constraints to organisational progress that are intrinsic to the organisation itself.

Though Morgan did not describe the relationship between organisational culture and power, other than to suggest that the culture metaphor does not fully highlight the power dimension that underlies the process of 'enactment' through which organisational cultures are realised, his description of the broad reach of the culture metaphor reflects his view of culture as a metaphor *for* the organisation. His emphasis on the interrelatedness of organisation and environment to the extent that 'one's knowledge of the relations with the environment are extensions of one's culture' accords with Smircich' (1981) distinction between studying culture as an organisational variant (something the

organisation 'has') and organisation as culture (something the organisation 'is').

Morgan (1986) and Smircich' (1981) holistic view of culture further elevates the human and contextual dimensions of organisations as relevant and legitimate subjects of mainstream research enquiry. The use of metaphor is seen to provide a systematic way of thinking that can help diagnostic reading, facilitate critical evaluation and frame appropriate courses of action in organisations (Morgan, 1986), yet there appear to be inherent paradoxes in the use of the culture metaphor.

Firstly, the recognition of an organisation's temporality implies the possibility of continuous change, and obviously limits the predictive potential of any cross sectional studies of organisations. Secondly, Schall (1983) and Morgan (1986) state that our perceptions and understanding of organisational culture are inevitably incomplete, which suggests that a truly holistic alternative to the structural analysis of organisations, is unlikely to be achieved. Further, in focusing on the taken-for-granted and 'unconscious', there is the ever present awareness that some insights and understandings will be ignored *because* of their 'taken-for-grantedness'. Thirdly, the concept of organisation, as a subject of analysis is relational. If the organisation and its environment are interrelated, then the organisation must relate to its 'external' as well as its 'internal' environment. In open systems of organisation, the organisational boundaries may be fluid and definition of the organisation an elusive goal, whilst closed systems can only be defined *in relation to* their contextual environment.

Nonetheless, allusions to the symbolic nature of organisations and management (e.g. Louis, 1980; Pfeffer, 1981), the existence of organisational myths (Wilkins and Martin, 1980) and the suggestion that culture is a metaphor for the organisation (Smircich, 1981) helped to establish the concept of culture in mainstream research.

The promotion of the concept of organisational culture owed much to Kuhn's (1970) notion of 'paradigm' or way of conceiving reality. From classical theories, through expectancy theory (Vroom, 1964) and contingency theory (Fiedler, 1967), organisation theory was dominated by a preoccupation with structure. Communication, for example, was treated as a variable occurring within the organisational structure and determined by that structure (Kersten and Pickett, 1981). Some efforts were made to extend the range of organisation theory by including 'cultural phenomena' as additional properties borne by organisations (e.g. Louis, 1983), without challenging the assumptions of existing research paradigms. However, there was a groundswell of criticism against the functionalist 'container' perspective of organisations (Harris and Cronen, 1979) and attempts to invoke alternative paradigms found increasing support from those who favoured an interpretive approach (e.g. Malcolm and Soukup, 1981; Deetz and Koch, 1981).

With the changing scenario in organisational studies, the emergence of new methodologies to study organisational culture may have seemed inevitable, as in Kuhn's (1970) 'revolutionary' account of paradigm shifts. However, some parallels in the field of communication studies, where theorists were beginning to question the assumptions underlying their knowledge base, accord more readily with an 'exchange' view of the

development of scientific knowledge. Whatever the origin of the link between organisational culture and communication, there was clearly a fusion of concerns about the communication of meaning in organisational groups. Further, communication scholars mirrored organisation theorists' questioning of the assumptions underlying their knowledge base. Hawes (1977) argued that communication scholars had presupposed the existence of communicative phenomena, whilst Rossiter (1977) went so far as to suggest that the discipline of communication studies was aparadigmatic.

Rossiter's comment has been pre-empted within the realms of organisational communication, where it has been asserted that approaches to the study of organisational communication comprise an 'atheoretical variable-crunching machine'. It serves to locate a turning point in communication studies from mechanistic theorising (e.g. Berlo's (1960) component theory of communication), through organismic approaches such as Weick's (1979) evolutionary model of organising to interpretive approaches such as Bantz's (1981) proposed procedure for developing an interpretation of organisational culture.

Organisational culture and rules

The term 'organisational culture' has been ascribed to a wide range of concepts and this theoretical pluralism is reflected in the diversity of approaches that have been proposed to study the culture concept. Writers who advance the culture concept for the study of organisations often suggest that the process and context of organisational studies can be guided by the research methods and approaches that have evolved within the discipline of anthropology and sociology. Such propositions are

evinced in the writing of organisational theorists such as Morgan (1986), who stated that:

> In one sense then, we can say that the nature of culture is found in its social norms and customs, and that if one adheres to these rules of behaviour one will be successful in constructing a social reality' (p.129)

Whilst the language of 'social norms', 'customs' and 'rules' is clearly resonant of the sociological and anthropological traditions, it is not immediately apparent as to which data are subsumed under these terms. Though there is agreement among organisational theorists that the culture concept gives focus to the human side of organisational enterprise, there are differences among the various perspectives concerning which phenomena are relevant. It may be that all human phenomena are sociocultural but Kroeber and Parsons (1958) have argued that the assumptions which underlie the anthropological and sociological traditions are 'preferential[s], a priori' and they suggest that by differentiating between the concepts of culture and social system, greater analytical precision can be achieved in describing their interrelation.

The implication of Kroeber and Parson's (1958) distinction for operationalising research is that it serves to delimit the focus of a cultural perspective in theory construction. The semantic difference, which they elaborate, restricts the reference of culture to 'transmitted and created content and patterns of values, ideas and other symbolic - meaningful systems' whereas social system is used to describe the 'specifically relational system of interaction among individuals and collectivities'. Since one of the themes that has dominated research on organisations is the study of autocratic and democratic leadership (where the suffix 'cracy' is derived from 'Kratia' (Gk.) meaning power or rule) it follows that a

cultural perspective on organisational leadership might entail the exploration of symbolic - meaningful systems of rules and values that are shared by organisational members.

DEVELOPMENT OF COMMUNICATION RULES APPROACH

Following Barnard's (1938) identification of communication as one of three primary elements in the organisation, along with common purpose and willingness to serve, early studies of communication tended to follow a functionalist tradition. Though Barnard (1938) viewed communication as an organisational dynamic, and acknowledged the importance of informal communication, subsequent mainstream theorists centred on techniques and systems of information transmission within a linear, static, organisational structure. Whilst Fayol (1949) distinguished the 'human organisation' from the 'material' organisation, his discussion of communication, which highlighted the importance of horizontal communication among subordinates, was based on a construct of organisation that was essentially authoritarian, rooted in an industrial setting. Fayol's concept of organisation was one which operated on the principle of division of labour, with communication the means by which control could be exercised and discrete activities coordinated.

Though the functionalist orientation of early studies of organisational communication may have arisen from a limited view of organisational structure, early studies on interpersonal communication and the communication process were also dominated by the classic, structural approach.

Exploration of the relationship between communication, organisation and rules was identified as a central concern for researchers by Cushman (1977). Cushman, a communication theorist, first advanced a rules perspective as an approach to theory construction in the study of human communication (Cushman and Whiting, 1972). Subsequently, he outlined four levels of communication systems (mass, organisational, group and interpersonal) for which task coordination (through communication) is required in a given culture. However, despite explicit recognition of the cultural dimension of organisational communication, and Cushman's (1977) acknowledgement of the power of intention in human action, Cushman's (1977) taxonomy of rule-relevant behaviour appeared to stem from a logical positivist perspective, in which 'constitutive' (action-governing) and 'procedural' (action-regulating) rules are the central focus. That is, though Cushman and Whiting (1972) were credited with advancing from monadic to dyadic concepts in the study of communication (Pearce, 1973) and though they emphasised the transactional nature of communication, where rules reflect consensual meanings that arise in a collective process of co-orientation among individuals, the concepts of creativity, value and symbolic meaning, which distinguish the cultural perspective, is barely considered in the description of 'rule driven' behaviour that they offer.

In concentrating on rule-conforming behaviour, Cushman and Whiting (1972) emphasised the normative force of relevant rules but cast individuals as essentially reactive, rather than proactive in relation to rule generation. Whilst Cushman and Whiting's description of the dimensions of operative communication rules (levels of understanding, rule clarity, rule range and rule homogeneity) has obvious relevance for

rule-conforming activity, the dimensions are described in relation to achieving accurate understanding 'of', rather than 'through' communication rules. In order to illustrate the limitations of using a rules perspective in a 'communication' rather than 'cultural' domain, two studies of rules based approaches to organisational communication will be described in prelude to the discussion of communication rules and organisational culture.

The first study to be described concerns an attempt by O'Brien (1978) to develop a rules-based model for analysing and evaluating communication within a formal organisation. O'Brien asserted that there was a need for a model that focused on the unique social understandings which evolve *in an organisation.* Using a modification of Kelly's (1955) grid approach to discover relevant constructs and organisational members' collective meaning in defining the organisational archetype for success and promotability, she sought to diagnose the informal rules of a business system, in order to socialise women into the system and help them to become successful managers. O'Brien took the view that the different values to which men and women have been exposed influence, differentially, the informal rules to which they subscribe and that these informal rules could be diagnosed by exploring organisational members' collective understanding of communication rules.

The main thrust of O'Brien's study was to address the problem of operationalising a set of postulates that were contained in her rules-based analytic model for understanding organisations. The series of postulates concerned the organisation, its socially constructed archetype, its rules, the importance of rule conformity and the ways in which behaviours take

on meaning in different types of episode. Central to her thesis was the premise that the organisational archetype defines the collectivity of perceptions and experiences for organisation members, and that rules, that define how specific behaviours take on meaning in that organisation, also evolve from the organisational archetype.

Whilst O'Brien's grounded approach to data collection accorded with a view of rules as emergent, unique constructions of an organisation, her view that organisational members' collective perceptions and experiences are defined *for* them followed the logical positivist approach of communication theorists who focused on linguistic regularities in speech behaviour. That is, though O'Brien described her 'organisational archetype' as a social construction, she viewed the behaviours and perceptions of organisational members as primarily rule-driven, rather than rule- expressive. By treating rules as deterministic, she precluded the possibility of discovering the processes by which rules were created and sustained.

O'Brien's approach did allow, however, that some creative influences might occur in the process by which organisational members' perception and understanding were developed. In order to test whether attributes such as gender and staff grade interact with organisational members' interpretation of events, O'Brien used the findings from her exploratory work, on the company's criteria for success and promotability, to construct dialogues about task and social situations.

She requested company members (82) to make judgements, on five point rating scales, about the organisational effectiveness of characters in rule consistent and rule inconsistent dialogues about task and social

episodes. The impact on evaluations of intervening variations, such as gender and grade, was also assessed by controlling grade and gender in the dialogues and exploring sex and grade differences in the responses of study participants. O'Brien found, on conducting analysis of variance among respondents' raw scale scores that there was a significant main effect for rules at the .001 level of significance for 'episode' (task and social), gender (character in dialogue and study participant) and grade (manager and subordinate). Her prediction that consensus would be highest at the top levels of management, concerning the behavioural and attitudinal criteria for promotion, was upheld and she also demonstrated the importance of 'episode' and its interaction (at the .05 level of significance) with rule.

Though O'Brien's study focused on issues relating to rule conformity, her exploration of intervening variables such as sex and grade drew attention to the relationship between communication rules and their contextual or cultural domain. Both studies reveal the changes in conceptual thinking and paradigmatic shifts that were being effected by the key proponents of rules approaches to understanding organisational communication. In treating the concept 'organisational archetype' as a relatively static entity, outside of the organisation members' control, O'Brien's study reflected the limitations of exploring rules in a communication domain, rather than a cultural domain. Whilst O'Brien commended the communication rules approach as a diagnostic tool that might be used to facilitate change in existing cultural systems, her view of rule observation as compliance to organisational archetype precluded her discovering the ways in which change might be influenced through organisational members' participation in the process of rule formulation.

The second study, by McPhee (1978), was written under the guidance of Donald Cushman, a key figure among the early proponents of the rules approach within a communication domain. McPhee's attempt to posit, and provide a justification for, a rules theory of organisational communication, shares the limitations of O'Brien's (1978) work in that it is approached from a functionalist perspective, based on an assumption that rule systems are structures that allow communication in order to coordinate activities and exercise control. It is perhaps a legacy of the dominance of the functionalist perspective that these early attempts to develop a rules paradigm were constrained by the operational limitations of the functionalist approach to systematic investigation. McPhee's (1978) thesis serves to illustrate this point.

Like O'Brien, McPhee gave explicit focus to organisational communication as the domain of his enquiry. McPhee contended that approaches to organisational communication had tended to rely on systems theory to provide a framework for integrating concepts, but which offered no generating insights that could synthesise research findings or peripheral theoretical concepts. As an alternative, McPhee proposed a rules-based approach, centred on the concepts of coordinated activity, consensus and practical force, on the basis that such an approach could provide the necessary framework for theory integration.

Yet, McPhee's elaboration of the central concepts of his theory revealed a functionalist orientation in his views of communication and organisation. He described communication as 'an instrument for the coordination of activity', where coordinated activity is a goal of the organisation in the accomplishment of production tasks, by independent

workers. The type of rules described by McPhee were addressed to issues such as informing and consulting, stipulating the possession of information and decision powers and stipulating valid grounds for joint decisions, and these rules were seen to be functionally dependent on some organisational task.

McPhee articulated a joint choice model to represent three types of organisation variables related to patterning, intensity and direction of task interdependence in organisations that impact on rule systems and on the social systems that sustain organisational communication rules. He further asserted that the communication rules were controlled by social structures in the organisation ('task structures' 'hierarchical control structures' and 'associational structures') in ways that depended on the task relations among employees.

Clearly, though McPhee believed that his theory of rules offered a prospect of developing a unifying theory that might draw together findings and concepts from disciplines other than communication, and though he located his concept of rules within a human action perspective, his search for regularity and control was firmly rooted in a linguistic tradition. His belief that communication is 'essentially a functional device' (p.17) underlays the deterministic analysis of communication rules that emerged in his joint choice model, in which communicative behaviour was seen to be driven, or governed by rules.

Concern for the process by which social institutions are created (and the proactive role of organisation members in constructing organisational communication) only became evident among communication theorists when an interactionist perspective was combined with a rules-based

approach to studying organisations *as if* they were cultures (Harris and Cronen, 1979). Harris and Cronen (1979) asserted that although organisational communication was emerging as a major focus in research, the concepts of 'organisation and organising' were seldom identified as central themes in empirically grounded theory. Rather, they suggested, there was an imbalance in favour of perspectives where the organisation was treated as a 'container' in which communicative behaviour was performed (Hawes, 1977).

The rules-based model advanced by Harris and Cronen (1979) was developed from a set of constructs designed to facilitate organisational analysis, including those of the 'master contract, coordination .... coorientation and conceptualisation of competence' (p.13). Though, at one level, in relation of organisational rules, the construct of master contract appears to be similar to the concept of organisational 'archetype' described by O'Brien (1978), there are important conceptual distinctions which appear to relate to the broader sociocultural view of organisations adopted by Harris and Cronen.

Firstly, the 'master contract' construct is presented at two levels: 'image' which includes constructs for self-definition as well as beliefs and goal states and 'rules' which include 'constitutive' and 'regulative' rules. At the level of image, Harris and Cronen viewed the organisation as a dynamic, shared social construction in which the master contract develops from *ongoing* interpersonal episodes (my emphasis). As the maintenance of ongoing relationships becomes an organisational goal, new rules are implicitly or explicitly negotiated. Unlike O'Brien's (1978) 'container' image of the organisational archetype, which appears to be relatively static and immutable, Harris and Cronen's (1979) construct of

the 'master contract' generates an image of organisation that can reflect and respond to the perceptions and consensual meanings that evolve among organisational members.

Secondly, when describing types of organisational rules included in the master contract, Harris and Cronen's (1979) definition of rule types clearly departed from the definition that Cushman and Whiting (1972) offered in their seminal article. Following Searle's (1969) distinction between constitutive and regulative rules, Cushman and Whiting (1972) defined two types of rules: constitutive rules, which 'govern' (i.e. specify the action's content) and procedural rules, which 'guide' (i.e. specify the procedures that are appropriate to carrying out the action). When compared with Harris and Cronen's (1979) description of rule types, where constitutive rules are rules through which organisational meanings are established and regulative rules are rules through which the everyday interaction of organisational members is coordinated, it appears that Harris and Cronen offer a rules perspective that includes scope for negotiation and creativity, in contrast to Cushman and Whiting's view of rules as functional determinants of behaviour.

Limitations of functionalist perspective

The foregoing examples serve to highlight the limitations of studying organisational communication rules using functionalist paradigms that are rooted in the communication domain. Harris and Cronen (1979) showed that by extending the image of organisation from 'container' to 'cultural analogue' a perspective of rules emerges that described rule generating behaviour, as well as rule following behaviour, among organisational members.

In exploring approaches to communication rules, organisational images and paradigms of research enquiry, the complex interplay among these phenomena has been illustrated and some advantages of a cultural perspective on organisation have emerged, that counterpoint the limitations of the rules approach in a communication domain. The synthesis of a communication rules approach with a cultural perspective on organisations will now be described.

THE COMMUNICATION RULES APPROACH AND ORGANISATIONAL CULTURE

Following the theoretical arguments and research evidence, to suggest that organisations are rules-based phenomena (that can be understood through the study of members' perceptions of communication), the author accepted the concept of communication rules as an aid to research enquiry.

In the author's understanding, communication rules are guides to behaviour which are understood, shared and created by organisational members. They concern organisational members' shared beliefs about social interaction in the organisation and they focus attention on members' communication of organisational values (rather than external observations of management structures).

Following Smircich (1981) differentiation between functionalist views of organisational culture (something the organisation has) and the view of culture as metaphor (something the organisation is) Schall (1983) proposed that 'organisations, cultures and cultural "rules" can be

synthesised as communication phenomena, using a communication rules perspective' (p. 557).

In accordance with perspectives in cultural anthropology and sociology, Schall offered a definition of organisational culture in which organisation participants both interpret and attribute meanings, and which incorporates concern for values. In Schall's view, organisational culture is:

> a relatively enduring, interdependent symbolic system of values, beliefs and assumptions evolving from and imperfectly shared by interacting organisational members that allows them to explain, coordinate and evaluate behaviour and to ascribe common meanings to stimuli encountered in the organisational context; these functions are accomplished through the mediation of implicit and explicit rules that act as cultural warrants (p. 557)

In positing a view of organisational culture that describes a process of collective negotiation of meaning; that emphasises symbolism and context; that implies the potential existence of subcultures and that views implicit and explicit rules as an integral part of that culture, Schall (1983) suggests that if we can understand an organisation's communication rules, we can begin to understand the organisation.

To support a communication rules approach to understanding organisational culture, Schall (1983) cited evidence to suggest that culture is a rules-based phenomenon (Geertz, 1973); that culture is synonymous with communication (Hall, 1959) and that an organisation is a communication phenomenon (Weick, 1969; Louis, 1983), which can be described through a composite of its operative communication rules.

Schall (1983) argued that subsequent to Cushman and Whiting's (1972) article on communication rules, rule-related concepts associated

with the study of culture were often included in the approaches developed by communication theorists, and such approaches were the products of a communication rules perspective. Schall's (1983) definition of communication rules was influenced by Shimanoff (1980) who focused on the construction of language, and this influence was reflected in Schall's tendency to focus on procedural, (e.g., prescribed message exchange, interaction sequencing) rather than normative aspects of communication behaviour. As Schall suggested, the focus on *communication* in the study of communication rules serves to emphasise the importance of communication in the formulation of collective meanings and social understandings. Further, in making this emphasis, Schall delimited a domain of enquiry and provided guidelines for operationalising the rules concept in empirical research:

> .. in general, the *communication rules* are considered to be tacit understandings (generally unwritten and unspoken) about appropriate ways to interact (communicate) with others in given roles and situations; they are choices, not laws (though they constrain choice through normative, practical or logical force), and they allow interactors to interpret behaviour in similar ways (to share meanings). (p. 560)

Whilst Schall's definition of communication rules referred predominantly to the prescriptive function of rules, her distinction of rules as choices rather than laws, presents a view of communication rules that incorporates creative, purposive behaviour, consonant with a cultural perspective. Though Gorden (1981) had earlier advocated a communication rules approach to understanding organisational culture, in which observed communication regularities in a range of work units were assigned a 'communication rules' label, Schall's (1983) articulation of a communication rules perspective provided the first coherent

framework for operationalising a communication rules approach in the study of organisational *culture.*

In order to discuss the implications for empirical research arising from Schall's (1983) paper, her elaboration of a communication rules perspective and its application in a field study of organisational culture is described below.

Besides describing rules as functional guides to behaviour that can be influenced creatively by organisational members as 'actor- agents', and related to intention, choice and goals, Schall explored the levels at which communication rules operate. As well as operating to define and monitor overt behaviour, Schall suggested that the normative forces in an organisation which can 'impose' rules-based behaviour often act at an out-of-awareness level. Whilst Schall, like other communication theorists, made a distinction between implicit and explicit rules, and described rules as tacit understandings, she did not explain whether 'implicit' or 'tacit' understandings operate at an out-of-awareness (unconscious) level. If 'implicit' and 'tacit' refer to the unconscious, then it might be argued that the communication rules approach is founded on a psychoanalytic perspective of organisations and lends support to the Freudian construction of organisational life posited by Menzies (1960). If the rules approach enables organisational members to gain access to and articulate their collective unconscious, its potential for analysis is enormous. Schall however, does offer some clarification in her rules definition of 'tacit' understandings, which she described as 'unwritten and unspoken' (p. 560). In this definition, Schall (1983), appears to be making a more limited claim concerning the scope of the rules approach, by referring to a psychological domain which may include

understandings which are not articulated, or overtly described, but are nonetheless available to organisational members.

If Schall's (1983) assertion that the unconscious operations of organisations are the product of normative forces is accepted, it might be argued that her differentiation of implicit and explicit rules implies the possibility of rule-related behaviour that is not governed by normative forces and further supports her conceptualization of organisational members as proactive, choice-making actor-agents.

Moreover, by seeking to synthesise the rules approach with a concept of organisational 'culture' rather than organisational 'unconscious', Schall (1983) focuses on rules as mediated through behaviour, rather than latent thought processes or undefined cognitions.

Schall's (1983) location of the communication rules concept in a behavioural domain underlines the situational and contextual influences on organisation members' interpretation of communication rules. Schall (1983) argues that definition of the situation (in relation to role, goal, event or locus) determines the rules which will be invoked to guide and govern social interaction and she suggests that failure of organisation members to co-orient towards each other can lead to conflict and inhibit coordination.

In proposing a rules concept that is clearly context specific, Schall's (1983) emphasis on contextual and structural influences resonates with Benner's (1984) application of the Dreyfus model (Dreyfus and Dreyfus, 1980) of skill acquisition to nursing where context and situation are viewed as integral to expert nursing practice. Following Polanyi's (1958) distinction between 'knowing that' and 'knowing how', Dreyfus and

Dreyfus posited a five stage model of skill acquisition (from novice, advanced beginner, competence, proficiency to expert) in which practitioners' performance changes from the novitiate stage of detached, context-free, rule-guided behaviour based on successful analysis of practice components ('knowing that') to the expert's involved, context-specific holistic practice based on initiative synthesis of concrete experience into paradigms ('know-how'). If the holistic, context-specific 'intuition' of the expert practitioners is a synthetic recreation of rule-governed behaviour then perhaps the communication rules approach can disentangle the components of successful organisational management and elucidate the rules that comprise the first stage of transition from novice to expert. Alternatively, the shift from rule-guided behaviour to intuition may reflect Schall's distinction of two levels at which communication rules can operate: tactical (relating to specific behaviour) and thematic (general, directly reflecting culture).

The research potential of using the rules approach to generate culturally sensitive insights about an organisation through communication among its members, was explored by Schall (1983) in a field study of two work groups from separate divisions of a large investment services corporation in the mid-west of America.

In order to limit the volume of data generated to a manageable amount, Schall elected to focus on the tactical communication rules for the power and influence behaviour that were associated with developing resources to achieve desired outcomes in the organisation. Using grounded qualitative methods (participant observation, open-ended interviews, card-sort exercises and documentary analysis) and quantitative techniques (Influence Style Questionnaire, ISQ), Schall

generated approximately 300 rule statements (mostly tactical) for reduction to a pool of 50 statements, designed to probe between the levels of specific, tactical rules and general, thematic rules (formal and informal), for combination with other formal rules in a 60 item 'Workplace Rules Questionnaire' (WRQ).

The questionnaire was designed to test if the inferred rules discovered by Schall were considered operative and/or ethical from an insider's perspective. Two groups of study participants (Group A: N = 22, 96%; Group B, n = 13, 76%) were presented rule statements that were sentence completions to a comprehensive sentence stem '*The rule here is for people to ...*'. Participants were asked to respond to each statement in relation to the rules 'operative' and 'ethical' dimension, so that consensual views about the 'actual' and 'preferred' group culture could be compared. The 'rules' that respondents identified as being most strongly adhered to were treated as essential to the content of an organisations' culture.

Schall used organisation members' responses to the Workplace Rules Questionnaire, the Influence Style Questionnaire and her awareness of the organisational group's formal rules to develop a series of cultural descriptions for insider-evaluation by members of each group. Group members were requested to rate, on a Likert-type scale, how fully each description reflected 'the way things are here' and rank order the descriptions for accuracy of cultural description. Schall found that rules-based descriptions, derived from members' WRQ responses, were ranked as the most accurate cultural description when evaluated by group members. Schall gave written feedback to each group member and collective verbal feedback about the group's questionnaire responses and

the values, beliefs and thematic rules that had emerged from the data. The feedback sessions provided a further opportunity for members to evaluate the cultural descriptions and led Schall to conclude that her multi-method approach had made possible the discovery and articulation of formal and operative rules.

Whilst there appeared to be consensus among members of each respondent group about the accuracy of the rules-based descriptions (approximately 75% of respondents rated the descriptions as 'fully' or 'substantially' representative of the way things were in their group), Schall found intragroup differences concerning manager/non-manager perceptions of priorities and intergroup differences concerning formal rules and culture content. Intergroup differences concerned the extent to which respective group members saw their group conforming to formal rules, whilst manager/non-manager differences within groups centred on the identification of priorities (meeting deadlines *vs* quality of work) and differences in culture content between the organisational groups led Schall to suggest that the groups might be subcultures of the organization.

Schall illustrated group differences of culture content in her cultural description of organisational groups and synthesised these differences in the development of thematic rules for each group. Aspects of culture content that were found to differ between groups included task orientation, collegial relationships, concern for consumer satisfaction and patterns of group interaction, where one group focused on collective endeavour whilst the other operated a defensive, individualistic approach to goal-achievement. Some differences, such as the latter distinctions, provided possible explanations for past difficulties in collaborative work between the respective groups.

Schall concluded that by using a multimethod approach, she had been able to explore the formal and informal rules of organisational subgroups and confirm the saliency of these rules for insiders by representing descriptions of the group cultures in feedback sessions to group members. Further, she suggested that the communication rules approach had yielded data about 'everyday' organisational culture that seldom emerged in studies that focused on documentary records or were approached from a managerial perspective. Through her study, Schall provided evidence to support her theoretical argument for a communication rules approach in which the concepts of organisation, culture, communication and rules are synthesised. By reflecting back her cultural description, based on the communication rules that she elicited, for insider evaluation, Schall appears to have demonstrated the feasibility and validity of using the communication rules perspective.

In describing the unconscious operation of 'rules', their normative force and their discovery through exploration of the here and now (what is happening here, what is usual), Schall's (1983) exploration of the culture concept appears to resonate with psychodynamic approaches that originated in the study of individuals. By addressing the social behaviour, expectations and normative forces that the outsider (eg. new member, change agent) may need to confront, the rules approach offers a prospect of revealing patterns and routines (functional and dysfunctional) which can be learned or remedied through organisational intervention.

In the author's understanding of Schall's perspective, integration of the concept of communication rules with a cultural perspective provides a humanistic view of organisations that reflects the influence of situation

and context. When the communication rules concept is incorporated in an approach to understanding organisational culture, it is assumed that communication rules have normative force and that the rules can be inferred from members' beliefs about what is 'usual' behaviour. Communication rules, as inferred through beliefs about behaviour can include rules that are formal, informal, implicit or explicit.

The practical implications, for change management, of discovering organisational rules and an association between the concepts of organisational culture and organisational unconscious were considered by Allen and Dyer (1980) in their development of a Norms Diagnostic Index, which they described as an 'action- oriented survey instrument'. Using a pool of survey items that had been utilised by the Human Resources Institute, USA, over a fifteen year period with a range of industrial and non-industrial organisations, Allen and Dyer (1980) developed a survey questionnaire to explore conscious and unconscious organisational norms in relation to dimensions of job satisfaction, measured by the Job Descriptive Index, JDI, (Smith, Kendall and Hulin, 1969).

Allen and Dyer (1980) found that when employees of a large manufacturing organisation were asked to indicate their levels of agreement with a series of 38 statements (comprising a comprehensive sentence stem 'It's a norm around here', seven primary factors emerged which were 'significantly related to the success of cultural change programs' (p. 194) (though regrettably they do not present statistical evidence to support their claim). When Allen and Dyer (1980) subsequently conducted a correlational study to compare the Norms Diagnostic Index Factors (Performance Facilitation, Job Involvement,

Training, Leader-Subordinate Interaction, Policies and Procedures, Confrontation and Supportive Climate) with context areas of the Job Descriptive Index for a sample of members from a manufacturing organisation, they found a low to moderate association between JDI scale scores (focusing on pay, supervision, co-workers, promotional opportunity and work itself) and organisational culture, as measured by the Norms Diagnostic Index. However, high correlations between the Norms Diagnostic Index factor of 'Supportive Climate' and the Jobs Descriptive Index factor of 'Work and People' were interpreted as indicating the importance of the emotional component of everyday work experience in contributing to worker satisfaction.

The work of Schall (1983) and Allen and Dyer (1980) not only illustrates ways in which the communication rules approach can be operationalised (and demonstrate the efficacy of their methods), but also shows how the analysis of communication rules can be a first step in the management of change. In order to develop a method that incorporates a measure of job satisfaction, in accordance with Likert's (1961) hypothesis and Allen and Dyer's (1980) postulate of a positive association between management style and worker satisfaction, a review of job satisfaction measures was conducted.

JOB SATISFACTION AS A CONSTRUCT

In accordance with the development of a measure of ward openness, the theoretical bases of job satisfaction tests were explored. The selection of a measure of job satisfaction was guided by practical considerations and concern for conceptual congruence in the framing of the study.

Herzberg's (1966) dual factor theory of job satisfaction was identified from the literature as a base from which instrument selection might be approached: the dual factor theory emerged as having special salience for the present study as it addressed issues relating to 'job context' (ward) and 'job content' (grade).

Discussion of Herzberg's (1966) theory is predicated on Maslow's (1943) overall theory of human motivation. In his classic paper, Maslow described a set of human motivation needs organised in hierarchies of prepotency. The needs were seen as ultimate goals to be satisfied and were classified as physiological, safety, love, affection and belongingness, esteem and self-actualisation; as basic needs were met (e.g. physiological) other needs at a higher level became paramount. The significance of Maslow's contribution was that it highlighted the differences between and within individuals concerning the importance of needs as circumstances varied.

Herzberg (1966) subsequently developed Maslow's ideas and postulated a dual factor theory of job satisfaction and motivation, based on findings from his earlier study of accountants and engineers (Herzberg, Mausner and Snyderman, 1959). Herzberg's main contention was that satisfaction and dissatisfaction are not opposite ends of a bipolar continuum but, in fact, distinct continua. From the earlier suggestion that man has two sets of needs, an animal need to avoid pain and a human need to grow psychologically, Herzberg came to the conclusion that the source of dissatisfaction at work (dissatisfiers) was the absence of certain extrinsic factors in the environment (hygiene factors) whilst the

source of satisfaction (satisfiers) was derived from opportunities for achievement and self-actualisation (motivators).

Although Vroom (1964) dismissed Herzberg's observations as method-bound, suggesting that respondents were simply ego-defensive, taking credit for success and blaming external factors for failure, Herzberg's content/context dichotomy of work elements has been repeatedly emphasised in the literature (Locke, 1973). The implications of the need satisfaction debate and the dual factor theory for selection of a job satisfaction test are two-fold. Firstly, the correlation between satisfaction/dissatisfaction responses and content/context factors, however explained, suggests that overall satisfaction measures are deficient unless it is clear which job elements are being referred to- either two separate scores for content and context should be used (Whitsett and Winslow, 1967) or item- phrasing should be content/context independent. Secondly, it was thought it might be profitable to concentrate on facets of organisational life which relate to communication. However, this approach was threatened by the findings of Porter (1962) and Locke (1973) who demonstrated that a relationship existed between particular factors in job satisfaction and an individuals job level. As Porter and Locke's findings accorded with House and Wigdor's (1967) proposition that different occupational groups relate different factors to satisfaction and dissatisfaction, it was decided to avoid job satisfaction tests with an explicit focus and opt for a non-specific type of measure. Following the above arguments, a job satisfaction measure was sought that was:

1. Content, context and facet independent.

2. Short, with psychometric and normative data available.

Nursing applications of job satisfaction tests were reviewed in the quest for a measure with known psychometric and normative data. Computer search of the Psychinfo database (1967-1984, September) generated 45 references when the prompts 'job satisfaction', 'tests' and 'nursing' were given. Surprisingly, only one of the references related specifically to nursing, where the Schaffer job satisfaction test was used in the selection of nursing school applicants (Saarinen and Anttilla, 1970). When the Medline Database (1966-1984) was searched for applications of job satisfaction tests in nursing, it was found that most studies had centred on qualified nurses in an American setting. Several studies explored the applicability of Herzberg's theory, such as White and Maguire's (1973) study of hospital nursing supervisors. Although White and Maguire (1973) used an instrument designed for the health setting (Munson and Heda's (1974) modification of Porter's (1962) need satisfaction questionnaire), the search was continued in pursuit of an affective response measure, rather than focus on job content.

Of the remaining studies that were cited, there was a propensity for measuring satisfaction in the nursing specialties. When an example was found of a sample group that was comparable to the staff subjects in the present study (see Hockey, 1976) it was found that the scale used was a reduced version of Brayfield and Rothe's (1951) index of overall job satisfaction. In order to satisfy the objective that the study instrument be content, context and facet independent, general sources of job satisfaction tests were explored.

Cook et al's (1981) compendium, 'The Experience of Work' provided a rich and relatively up-to-date catalogue of tests and their properties. Guided by the test requirements already described, the Quinn and Staines' measure of Facet-free Job Satisfaction Index (Appendix 4) was selected on the basis that it was conceptually congruent with the theoretical framework of the study, and short in length. Although British normative data were not available for this test, the norms derived from extensive use in American National Surveys were accepted as reliable reference criteria.

The review of nursing literature revealed a gap in research concerning nursing staff perceptions of management practices. Theories of organisations were explored and Likert's (1961) postulate of an association between the degree of management participation and levels of job satisfaction was identified as a focus for the study. Theoretical advances such as the developing concept of organisational culture and alternative research paradigms such as the communication rules approach to understanding organisations were discussed. The construct of job satisfaction was considered and a framework for the study was identified.

Chapter Three

METHOD

An exploratory, descriptive, questionnaire survey was conducted in order to answer the research questions posed in the introduction. The sample was drawn from hospital wards providing a geriatric long stay facility and included equal numbers of 'senior ward nurses' and non-manager 'ward staff'.

SETTING

The study was conducted in geriatric long stay wards in two mainland health boards in Scotland, one predominantly urban, the other predominantly rural. The questionnaire was piloted in a separate, mainland health board.

SAMPLE DESIGN

A stratified random sample design was used to select ward nursing staff who were eligible for inclusion in the study. The primary sampling units were Scotland's twelve mainland health boards, from which four health boards were selected at random. Thereafter, all hospitals that had wards included in the 'geriatric long-stay' functional classification (Scottish Health Service Costs, 1984) were sampled throughout the study health boards. Access to the study wards was negotiated through the Chief Area Nursing Officers of the study health boards, who were requested to provide a list of geriatric long stay wards that was consistent with the hospital functional classification. Any changes in the ward classifications since the publication of the 1984 statistics were incorporated in the sampling list.

In the pilot study, all geriatric long stay wards were sampled throughout the first selected health board. In the main study, the second

and third health board selections were found to yield sufficient wards to meet a recruitment target of staff from 50 wards and to facilitate statistical analysis of questionnaire responses.

The study sample comprised the following grades of staff:

Charge Nurse:	a registered nurse who controls a ward or another section of a unit.
Staff Nurse:	a registered nurse below the grade of Charge nurse who is employed on appropriate nursing duties.
Enrolled Nurse:	a qualified nurse who is engaged on nursing duties under supervision of a registered nurse or a Senior Enrolled Nurse.
Nursing Auxiliary:	a member of the nursing staff team, without a statutory nursing qualification, who has been employed to assist the trained nurse with a limited range of practical duties under supervision, such as bed-making and some aspects of patient care.

In each of the study wards, the day duty nurse staffing rotas were stratified to sample three bands in the ward nurse management hierarchy, prior to random selection of nursing staff from each of the ward management bands. The ward management bands comprised the managerial leader (senior charge nurse), the management team (senior

ward nurses) and non-managerial workers (ward staff). The three bands were operationally defined as follows:

Senior charge nurse: the charge nurse/sister whose name appeared at the top of the ward staffing list

Senior ward nurses: State Registered or State Enrolled nurses who were regularly (at least once per week) left in charge of the ward

Ward Staff: State Registered nurses, State Enrolled nurses or Nursing Auxiliaries who were seldom, or never, left in charge of the ward.

The above strata were used to provide ward samples in which the number of nursing staff with declared management responsibilities ('senior charge nurses' and 'senior ward nurses') was balanced by the number of non-managerial 'ward staff'. Nurse learners were excluded from the sampling frame, in view of the short duration (13 weeks maximum) of their allocation to a ward.

DATA COLLECTION: PILOT STUDY

Data were obtained from ward nursing staff through the use of postal questionnaires. The main study postal questionnaire was developed from a pilot questionnaire, administered in conjunction with semi-structured interviews. The interviews and questionnaires comprised a mixture of closed items, to facilitate response coding, and

open-ended items, to provide scope for subjective comments that might illuminate the study findings. Interviews and supervised administration of the pilot questionnaire were conducted in respondents' place of work and main study survey questionnaires were dispatched by post to respondents' ward addresses.

Pilot interview schedule

A short, semi-structured interview schedule was developed to explore ward nursing staff perceptions of their work and the factors that influence ward morale (Appendix 3). The interview schedule was designed to complement the pilot study questionnaire, by providing respondents with an opportunity to elaborate on their views and to generate a broad base of data for the development of the main study questionnaire. The interview schedule began with simple biographical questions to put respondents at ease and to explore aspects of personal history that might be relevant to probe in the main study questionnaire.

Pilot questionnaire

The pilot study was designed to test the clarity of the sampling criteria and to assess the feasibility of surveying, by questionnaire, nursing staff's perceptions of ward openness and their levels of job satisfaction. The main study questionnaire was developed by modifying and reducing the pool of items that formed the pilot questionnaire.

The pilot questionnaire was presented in three sections: a Likert-type scale focusing on levels of ward openness (section C); Quinn and Staines (1979) Facet-free Job Satisfaction Index (section B) and a series of biographical questions at the beginning of the questionnaire (section A,

Appendix 4). Each section was preceded by an explanatory guide and participants were assured that confidentiality would be protected.

Ward openness scale

The development of the Ward Openness Scale comprised a synthesis and adaptation of methods that were developed independently by Allen and Dyer (1980) and Schall (1983). Both of the above authors describe the use of cultural perspectives based on the premise that aspects of organisational culture can be inferred through surface manifestations of normative factors that operate subliminally (i. e. 'here and now' or 'usual' behaviours).

The communication rules approach was operationalised by focusing the content of the Ward Openness Scale on a set of characteristics that might describe patterns of communication in an open ward culture. Following Schall's emphasis on the importance of 'insider' evaluation respondents were invited to indicate their levels of agreement concerning the extent to which patterns of behaviour could be described as 'usual' in their ward.

In the context of the present study, time constraints precluded the creation of in-depth ward culture descriptions. The scale to measure ward openness was based on the format of Allen and Dyer's (1980) 'Norms Diagnostic Index', designed to study communication rules in organisations. Allen and Dyer's model of survey questionnaire, with a comprehensive sentence stem predicated by a series of statements, was selected to provide a simple index of ward culture on the assumption that the culture could be inferred from members' perceptions of what is 'usual' behaviour in the organisation. The statements on the openness

scale were based on Likert's (1961) table 'Organizational and Performance Characteristics of Different Management Systems Based on a Comparative Analysis', in which the operating characteristics of four types of organisational system are listed (Appendix 1). Three of the systems are labeled 'Exploitive Authoritative', 'Benevolent Authoritative' and 'Consultative' on the basis of empirical observation and an ideal type 'Participative Group' (System 4) is postulated where communication is open and levels of worker satisfaction are high. The illustrative patterns of motivation and control outlined in Likert's 'Participative Group' were used to develop a pool of statements that would characterise 'Participative Group' (System 4) management in a nursing context.

Each of the pilot study 'openness' statements related to a particular operating characteristic in Likert's (1961) table of Organizational and Performance Characteristics of Different Management Systems. The full range of operating characteristics was used in the development of the statement pool. For example, item 17 in the pilot study (which became main study item 23) concerned the 'amount and character of interaction', to assess the extent to which there was 'Extensive, friendly, interaction with high degree of confidence and trust' (Appendix 1, 3a, p.130). Some statements that addressed ward openness indirectly were included to explore if respondents might 'cloak [them] in their own way, with the meaning that [the] context requires' (Oppenheim, 1966, p. 115). The links between each of the organizational characteristics and pilot study items are shown in Appendix 1.

Respondents were asked to indicate their level of agreement with each statement by placing a tick on a Likert-type scale. Though Allen and Dyer used six possible response categories ('Strongly Agree', 'Agree',

'Neutral', 'Disagree', 'Strongly Disagree' and 'Don't Know') a five point scale of agreement was chosen to measure the degree of openness. The five point scale was selected for simplicity of appearance, ease of completion and to encourage respondents to use the range of response categories to indicate levels of agreement. The level of agreement could range from 'Strongly Disagree' to 'Strongly Agree' and twenty negatively scored items were included to counter the possible effects of respondents' acquiescent response set.

Prior to completion of the pilot study questionnaire, three nursing research colleagues assessed the wording, face and content validity of each statement (sentence stem and completion phrase). Following these assessments, ambiguous items were clarified and Allen and Dyer's sentence stem 'It's a norm around here' (1980, Figure 1, p.194) was substituted with 'It is usual here'. The substitution was made in order to comply with British linguistic conventions and to accord with Allen and Dyer's (1980) definition of norms as

> expected or usual ways of behaving in groups or organisations (p. 194)

After modification of item wording, the 100 statement openness scale was incorporated in the pilot study questionnaire.

Job satisfaction index

Levels of nursing staff satisfaction were measured using Quinn and Staines (1979) Facet-free Job Satisfaction Index (pilot-study questionnaire, section B, Appendix 4). The index satisfies the study requirement of a brief, standardized instrument that is easy to administer and applicable to staff of different grades.

The Facet-free Job Satisfaction Index comprises 5 items. Each item has three or four response alternatives and item scores can range from 1 to 5 with differential weighting among items, and a higher item score value indicating higher satisfaction. Quinn and Staines (1979) reported an alpha coefficient of 0.77, when the index was used as part of a national 'quality of employment survey' conducted by the Institute of Social Research, Michigan, 1977.

Biographical items

A series of biographical questions explored aspects of participants' professional and personal experiences that might be related to nursing staff perceptions of ward openness and job satisfaction levels. Study participants were offered a multiple choice checklist to minimise the time required for questionnaire completion. At the end of the biographical items, respondents were asked to describe the kind of day that they would regard as a 'good' or 'bad' day on the ward, in order to explore the constructs and criteria used and to assess the importance of the factors described in relation to ward openness and job satisfaction levels.

Pilot study sample selection

Sixty nursing staff members were recruited, comprising four representatives from day duty staff in fifteen geriatric long stay wards. The pilot sample comprised 15 charge nurse/sisters, 7 Staff Nurses, 8 Enrolled Nurses and 30 Nursing Auxiliaries.

Each ward was represented by two trained nurses and two Nursing Auxiliaries. The criterion for inclusion in the trained nurse category was membership of the group of qualified nurses whose names appeared on

the single professional register of the United Kingdom Central Council, 1985. The Charge Nurse/Sister grade was represented by one participant in each long stay ward, and the second trained staff representative was selected from the Staff Nurses and Enrolled Nurses on duty at the time of data collection. In the majority of visits, it was arranged for interviews to be conducted during the afternoon 'overlap' between early and late duty staff, to minimise disruption to patient care and maximise the number of staff from whom recruits would be selected.

Pilot interview and questionnaire administration

During an eight week period, brief interviews were conducted and the pilot questionnaire was administered to every study participant. Nursing staff were interviewed prior to questionnaire administration and the participants from each ward were seen consecutively over half a day. Provision was made for the conduct of interviews in privacy, without interruption, in all but one of the wards, where interviews were conducted in the ward duty room, to which staff required frequent access.

Staff were advised of their freedom of choice to participate in the study and confidentiality and anonymity were assured. The interviews, lasting 15-20 minutes on average, were semi-structured whereby participants were asked a series of open-ended questions that explored their perceptions of their work and the factors that influence ward morale. The majority (57/60) respondents identified nurse staffing issues as the most important influence on ward morale, offering comments such as

Willing workers. You're feart tae work with people who can't lift..... .....it's better to have one routine for everybody, not changing every time it's someone different in charge.

and

Adequate number of staff (all grades).....comfortable surroundings, good food. Unhappy staff lead to unhappy patients.

These comments prompted the inclusion of items concerning respondents' perceptions of 'good' and 'bad' days in the survey questionnaire.

The time required by respondents for questionnaire completion was approximately 30 minutes and where there was concern about staff/patient ratios at the time of the research visit the interview series was divided, or questionnaires were completed at another time. Though each section of the questionnaire was preceded by an explanatory guide, study participants were encouraged to ask freely about the completion of the questionnaire.

The opportunity to interview respondents and supervise questionnaire completion yielded valuable insights into respondents' interpretation of the questionnaire and identified ambiguities in question phrasing. For example, a respondent's confusion of the term 'senior nurses' with nursing officer grade prompted the alteration of the term 'senior nurse' to 'senior ward nurse'. A further benefit of the on-site interview was that it allowed the researcher to form an impression of the working conditions of the wards. Whilst staffing levels appeared to be similar among wards, there was obvious variation in the physical environments of the study wards, particularly in the provision of toilet

facilities and space for wheel-chair users. It appeared that the range in amenity reflected differences in architecture: only a small number of wards were custom-built for the care of elderly people, whilst many were originally designed to care for people with infectious diseases, such as tuberculosis.

ANALYSIS OF PILOT STUDY DATA

The ward and grade of each respondent was recorded and all responses were coded numerically, to facilitate computational analysis. Scores on the ward openness scale were analysed using cluster analytic technique (Clustan; Wishart, 1978), to reduce the 100 item pool to 30 items on the basis of item similarity. The Statistical Package for the Social Sciences (SPSSX) was used to explore the relationship between selected response variables. The multivariate approach was congruent with the multi-faceted nature of organisations and gave scope for interpretive flexibility.

Cluster analytic technique provided a method of organising responses to the questionnaire items using a multivariate statistical computation, to facilitate item reduction and preserve the complex range of operating characteristics that might describe a participative organisation. Having generated questionnaire items within the context of Likert's (1961) hypothesised 'ideal type' of participative organisation, cluster analytic procedure permitted an approach that is structure seeking, with scope to select items from groups or categories that generate meaningful data for theory generation.

Clusters of items were generated by developing a similarity matrix of pilot study data and producing a fusion hierarchy by means of various combinatorial transformations of the similarity coefficients. Three linkage methods were performed to transform the data: 'nearest neighbour' (single linkage); furthest neighbour (complete linkage) and group average (average linkage). Dendrograms were plotted to display the relationships among item responses and item groupings were compared for each linkage method, to distinguish groups of items that characterised wards and minimise the likelihood of including similar, redundant items when exploring the operating characteristics of study wards.

After reducing the openness scale on the basis of item content, sentence completion phrases were modified to control for respondent acquiescence and staff grade. Thirty statements were selected for inclusion in the main study, twelve of which focussed on 'senior ward nurses', twelve on 'ward staff' and six on 'nursing staff' as a group. For each of the preceding statement categories, there was an equal number of positive and negatively scored items.

The efficacy of using Quinn and Staines' (1979) Facet-Free Job Satisfaction Index was also reviewed. Responses were scored sequentially, then recoded to conform with Quinn and Staines' response weightings. Respondents' scores for 60 cases were higher (mean 3.91, s.d. .95) than Quinn and Staines' (1979) findings in the national quality of employment survey (mean 3.66, s.d. 1.02), but are consistent with the findings of Beehr, 1976 (mean 3.94, s.d. .97).

The complete questionnaire comprised fifty questions when biographical questions were included (Appendix 5). Questions designed to provide descriptive information about the ward environment and nursing staff establishment were addressed to Charge Nurse/Sisters only. The time required to answer additional open-ended biographical questions was compensated by the time saved in the reduction in the number of openness scale items and the completion time for the main study questionnaire was estimated to be thirty minutes. Letters describing the background to the research (Appendix 5) were prepared for dispatch, with the questionnaire, to each member of the main study sample.

MAIN STUDY SAMPLE SELECTION

Three health boards were selected at random from Scotland's twelve mainland health boards, excluding the board in which the pilot study was conducted. Using the number of staffed geriatric long stay beds as a guide to the number of wards eligible for inclusion in the study, it was estimated, after scrutinising 1984 statistics (Scottish Health Service Costs; SHHD/NHS, 1984), that the first two health boards selected would yield the study requirement of at least 50 wards.

As in the pilot study, access was negotiated with the Chief Area Nursing Officer of each health board, through the processes of line management to ward nursing staff. Nursing officers were asked to provide copies of recent day duty staff rotas, indicating with a tick the nurses who were regularly left in charge of their ward at least once each week, from the wards identified with geriatric long stay beds (Appendix 2).

Duty rotas were received for every ward that was identified and a sample of six nursing staff members was selected from each ward, comprising a 'senior charge nurse', two 'senior ward nurses' and three 'ward staff'. The 'senior ward nurses' and 'ward staff' were selected at random for inclusion in the study from the names assigned to their respective categories on ward duty rotas. After the selection process, 'senior charge nurses' were included in the 'senior ward nurse' category.

MAIN STUDY QUESTIONNAIRE ADMINISTRATION

A mailing list was prepared, naming a sample of 522 nursing staff members. The sample represented staff in 87 wards from 30 hospitals throughout the study health boards.

Clearly the sample size substantially exceeded the target of 50 wards. This reflected the finding that many of the sample wards had been converted from a previous use other than for the care of elderly people. Whilst modern geriatric units are customarily built to accommodate 30 beds, older wards often have fewer beds, hence the sample size was greater than had been estimated using the number of staffed beds as a guide to the number of wards.

The study questionnaires and follow-up letters were all dispatched during an eight week period in February/March, 1986. Firstly, 522 questionnaires were dispatched by second class mail with a letter of introduction to the study and a stamped, addressed reply envelope. The letter of introduction informed questionnaire recipients of the survey target population and the researcher's source of sponsorship (SHHD). It was stated that the questionnaire 'formed part of a study which explores

the patterns of ward organisation that presently exist in geriatric long stay wards' and recipients were invited to seek further information from the researcher if they wished. In view of the anonymity of the postal questionnaire, respondents were assumed to be self-selecting and they were encouraged to comment freely on a blank page included at the end of the questionnaire.

Questionnaire returns were recorded daily and response scores were coded for analysis by computer. Only in cases where maternity leave was notified were substitute respondents recruited. It soon became apparent that some wards and nursing staff members failed to satisfy the criteria for inclusion in the study. Six rehabilitation wards and two wards for care of the young chronic sick were deleted from the sampling list, reducing the sampling list to 474 members of day duty nursing staff in 79 wards from 28 hospitals. Seven wards in rural areas served general practice medical and geriatric patients, including two wards with maternity beds. Despite the patient mix, the wards were retained as they provided the main hospital resource for geriatric long stay patients in their respective catchment areas.

After a period of three to four weeks, non-respondents were informed that the researcher had yet to receive their reply to the study questionnaire and each was provided with another copy of the questionnaire and a stamped, addressed envelope. A final reminder was dispatched 15 days later, advising recipients of the impending closure of the survey and 17 (10%) of the reminder letter recipients were selected at random to receive a third copy of the study questionnaire. (Follow up letters: Appendix 5).

In wards where there was no response at closing date from a member of the Charge Nurse/Sister grade, telephone contact was made to obtain information about the ward establishment. This prompted several respondents to return completed questionnaires and all late responses were accepted for analysis. When void returns (3) were omitted, the response rate was 388/474 (82%).

Ethics

As outlined above, respondents were assured that confidentiality and anonymity would be protected. Pilot study candidates were informed of the purpose of the study and the source of funding. Study candidates were provided with an opportunity to freely consent to participate in the research prior to interview. Members of the main study sample were free to refuse to complete the study questionnaire and invited to seek any further information that they might require. Interviews were conducted in privacy and study participants were identified by code for postal questionnaire administration. Study participants were advised in a covering letter that identification codes would be destroyed after completion of data collection.

ANALYTIC TECHNIQUES APPLIED TO MAIN STUDY DATA

Individual scores on the openness scale were summated and each respondent was assigned his/her mean score on the scale (openness rating). Similarly, a job satisfaction score was calculated for each individual. Individual openness ratings were aggregated to produce a 'ward openness index', that was the mean openness rating for nursing staff in each ward. A ward satisfaction index was also derived, comprising

the mean job satisfaction score for nursing staff in each ward. Biographical data were analysed to produce summary statistics and responses to open-ended questions were analysed to explore themes in content.

Levels of ward openness and ward job satisfaction indices were compared using Student's t-test and the Mann-Whitney Test of the difference between means of extreme scores. The F-test (one tailed) was used in one way analysis of the extent of openness and satisfaction respectively among all wards. The relationship between ward openness scores and ward job satisfaction scores was explored using non-parametric tests of correlation and the degree of association between index scores and score values of biographical data was measured using the Chi square test. In the latter calculation, if 20% or more of the expected cell frequencies were less than five, Fisher's exact probability test was used. Two way analysis of variance was conducted to explore the effect of age and grade on openness and satisfaction scores. The relationship between openness, satisfaction and the number of good days was explored by multiple regression analysis. For all tests, the null hypothesis of no difference or no association was rejected if the significance level of the observed results was 5% or less.

Chapter Four

PRESENTATION AND ANALYSIS OF DATA

The presentation and analysis of data are organised in relation to the three principal research questions. Firstly, the questionnaire response rate and sample characteristics are described. Secondly, for each research question, analysis procedures and statistical tests are outlined and the major findings are presented concerning ward openness (as an index of organisational culture); the relationship between ward openness and staff satisfaction and the interactions between openness, satisfaction and nursing staff grade. The results of further exploratory analysis are presented to illuminate understanding of the central findings. Finally, the major findings are summarised.

The three principal research questions were:

1. **To what extent are management practices in geriatric long stay wards perceived as participative (open) by nursing staff?**

2. **Is the degree of ward openness positively associated with nursing staff levels of job satisfaction?**

3. **Are perceptions of ward openness and levels of job satisfaction related to nursing staff grade?**

To assess the degree of openness in study wards, the 'rules' questionnaire responses were analysed by testing the hypothesis:

> There is no agreement, among nursing staff, that participative management is characteristic of the geriatric long stay wards in which they work.

To explore the relationship between the degree of ward openness and nursing staff levels of job satisfaction, and as predicted by Likert's (1961) proposition, the following hypothesis was tested:

There is no significant relationship between ward openness and levels of job satisfaction among ward nursing staff.

The influence of nursing staff grade on perceptions of openness and levels of job satisfaction was assessed by testing the hypotheses:

There is no association between perception of ward openness and nursing staff grade.

There is no association between level of job satisfaction and nursing staff grade.

Findings were reported to be statistically significant where there was failure to reject the null hypothesis at the 5% level of significance.

The first two questions tested the central hypotheses that underpin the study. In question one, the efficacy of using the communication rules approach to discover beliefs about management openness was explored. The question was predicated on the assumption that organisational culture is mediated through the shared meanings and 'rules' which evolve among its members. Operationally, the concept of organisational culture embraced the possibilities that what was discovered might be either a monolithic phenomenon or an amalgam of heterogeneous subcultures.

Nursing staff' perceptions of ward openness were explored using the communication rules approach to generate descriptive indices of ward culture. The culture concept was embodied in the development of the 'ward openness scale', the content of which was based on Likert's (1961) tabulation of participative management characteristics (Appendix 1) The 'ward openness scale' was used to provide a measure of the extent to which wards were perceived as participative, by assigning a simple

numeric index to describe each ward, comprising the mean of ward nursing staff' ratings on the openness scale. Then, categorising wards by their 'openness index' scores, the 'ward openness scale' capacity to detect differences in openness among wards was explored.

Student's t-test was used to test for statistically significant differences between the values of ward openness indices in 'high' and 'low' scoring wards. The F-test (one tailed) was used to compare estimates of sample variance in one-way analysis of variance of the extent of openness among all wards. Two-way analysis of variance was conducted to explore the relationship between openness, age and grade.

In question two, Likert's (1961) proposition, that there is a hypothetical 'ideal type' of managerial leadership (i.e. 'participative'), characterised by relatively high levels of job satisfaction among staff when compared with more authoritative regimes, was explored. Respondents' job satisfaction levels were assessed using Quinn and Staines' Facet-free Job Satisfaction test (1979), and the mean of ward nursing staff job satisfaction scores was derived to generate satisfaction indices for every ward. The Mann-Whitney test was used to test for statistically significant differences between values of nursing staff job satisfaction scores and between values of ward satisfaction indices. The F-test (one-tailed) was used in one-way analysis of sample variance in satisfaction levels among all wards. Spearmann's rank correlation was used to assess the degree of association between ward openness and job satisfaction. Two-way analysis of variance was conducted to explore the relationship between satisfaction, age and grade.

In question three, perceptions of ward openness and levels of job satisfaction were explored by categorising respondents on the basis of grade (Charge Nurse/Sister, Staff Nurse, Enrolled Nurse and Nursing Auxiliary). The Chi square test was used to explore the relationship between nursing staff grade and other intervening variables.

CHARACTERISTICS OF SAMPLE

The main study was conducted by postal questionnaire. Of the 474 ward staff who were identified from ward duty rotas (six candidates from seventy nine wards), 388 (82%) nursing staff returned study questionnaires. The questionnaire respondents comprised 229/294 (78%) nursing staff from the predominantly urban health board (A) and 159/180 (88%) nursing staff from the predominantly rural health board (B). Almost all respondents were female 361/379 (95%). (In 9 cases, gender was not stated.) Questionnaires were returned by staff in every study ward and in the majority of wards (67/79), four or more nursing staff responded. There was no obvious difference in the grade composition of responders in wards that had high response rates compared with wards with low response rates.

Grade

The response rates for each grade were similar among Charge Nurse/Sisters, Staff Nurses, Enrolled Nurses and Nursing Auxiliaries. Almost equal numbers of respondents categorised as 'senior ward nurses' (191/388, 49%) and non-manager 'ward staff' (197/388, 51%) returned questionnaires.

To explore the difference in response rate between nursing staff in Area A and nursing staff in Area B, the grades of respondents in each area were examined. The responses for each grade are expressed as percentages of the total number of responses, from each area, in Table 2.

TABLE 2: Response patterns by grade and health board

	Health Board A		Health Board B	
	N	%	N	%
Manager nurses				
Charge Nurse/Sister	39	(17%)	27	(17%)
Staff Nurse	19	(8%)	27	(17%)
Enrolled Nurse	55	(24%)	24	(15%)
Ward Staff				
Enrolled Nurses	4	(.2%)	15	(9%)
Nursing auxiliaries	112	(49%)	66	(42%)
	Total = 229	(100%)	Total = 159	(100%)

The table illustrates some differences between Area A and Area B in the functional categorisation of Enrolled Nurses. In Area A, almost all of the Enrolled Nurses were described as 'manager nurses' whilst in Area B, more than one third (15/39) of Enrolled Nurses fell into the 'ward staff' category. Further, the deployment of Enrolled Nurses was reflected in the proportion of Nursing Auxiliaries who formed the 'ward staff' category: in Area B the Nursing Auxiliaries comprised only four fifths of 'ward staff', whilst in Area A, almost all 'ward staff' were Nursing Auxiliairies.

Though fieldwork observations suggested that the difference in response rates between Area A and Area B might be associated with repeated involvement in research among some 'urban' (Area A) respondents and relatively little history of research involvement among 'rural' (Area B) respondents, the observed differences in grade composition between Area A and Area B prompted the researcher to further explore Area differences in subsequent analysis.

Age

The age distribution of respondents was bi-modal, with 20-29 year-olds and 40-49 year olds constituting the largest groups in the study sample. In every grade except Charge Nurse/Sister, the largest group of respondents were aged 20-29 years. The largest group of Charge Nurse/Sister respondents fell in the 40-49 year age band (Table 3).

TABLE 3: Respondent age and nursing staff grade

Age	Charge Nurse/ Sister	Staff Nurse	Enrolled Nurse	Nursing auxiliary	Total
Less than 20 years				10	10
20 - 29 years	7	16	43	52	118
30 - 39 years	13	8	16	32	69
40 - 49 years	26	9	20	46	101
50 - 59 years	20	13	18	36	87
60 years or more			1	2	3
	66	46	98	178	388

Staff deployment

The number of hours worked by respondents ranged from 8 hours/week to 39.5 hours/week (mean = 32.5, s.d. = 7.12). The mean number of hours worked was similar in the two health boards, but the deployment of part-time staff differed between Area A and Area B. There were 107/229 (46%) part time employees in Area A, whilst the number of part time employees in Area B was 52/159 (32%). Further, the proportion of hours contributed by part-time workers differed between Area A and Area B: 38% of Area A's working hours were contributed by part-time employees compared with 23% of working hours in Area B. Clearly, nursing care was delivered by part-time workers to a greater extent in Area A than in Area B. The proportion of part-time employees also varied between grades (Charge Nurse/Sisters: 9/66 (14%); Staff Nurses: 31/46 (68%); Enrolled Nurses: 33/98 (34%) and Nursing Auxiliaries: 86/178 (48%)). Engagement in full or part-time work was found to be associated with age ($Chi^2 = 34.4$, df 3, $p<.001$); older staff were more likely than their younger colleagues to work part-time.

Experience and professional development

Of the 210 nurses (Charge Nurse/Sisters, Staff Nurses and Enrolled Nurses) in the study example, only 39 (18%) had attended a 'Care of the Elderly' course. Among registered nurses, 67/112 (60%) had attended a 'First Line Management' course. The proportion of Nursing Auxiliaries who had attended an introductory course for Nursing Auxiliaries was 92/118 (78%).

Opportunities for professional development varied between Areas and among grades. In Area A 89/229 (39%) respondents reported that they had attended a staff development course whilst in Area B, the number of respondents attending such courses was 114/159 (72%). Only 89/388 (23%) respondents reported that they attended in-service training (hospital-based teaching). The in-service training courses described by nurses, such as staff development and special aspects of geriatric nursing, were usually of less than one week's duration. Among Nursing Auxiliaries, in-service education experiences appeared to focus on lifting techniques and care of the dying. In addition, 31 (8%) of respondents had attended other courses concerning the care of elderly people, including nursing courses outwith their parent hospital as well as "Open University' and community oriented programmes.

The majority of respondents (240/388, 62%) had been working in their current ward for a period of two years or less. Almost one third of respondents (122/388, 31%) had spent less than one year on their current ward. Most respondents, 280/388 (72%) reported experience of hospital nursing in wards other than that in which they were currently working. Among respondents with previous hospital experience, almost half (144/280, 51%) had experience of working in general and psychiatric wards. Only 80/280 (29%) had previous experience of geriatric nursing.

Ward environment

Descriptions of wards were received from 68/79 (86%) of the Charge Nurse/Sisters. They described wards of three types: small bay wards (40), Nightingale wards (15), custom-built 30-bed standard units (13). More than one fifth of the wards 18/79, (23%) were described as conversions

from general medical wards or 'poor house' institutions. Most of the wards 65/79 (82%) were utilised almost exclusively for geriatric long stay patients (43 female, 7 male and 15 mixed sex wards) and the respondents included nursing staff from 11 wards which accepted categories of patient other than geriatric long-stay. In these wards, 4 wards admitted general practitioner referrals, 4 wards served as accident and emergency and out-patient departments, and 2 wards were used for rehabilitation as well as long stay categories of patient. One ward in a rural cottage hospital received maternity patients. Seven Charge Nurse/Sisters reported occasional use of long-stay beds for respite admissions and/or assessment/rehabilitation.

Staff/patient ratios

The number of staffed beds (including those used for patients other than 'geriatric long stay') ranged from 12 to 36 (mean = 24, s.d. =7). The number of day nursing staff on duty, excluding nurse learners, ranged from 2 to 11 on early/morning shift (mean = 4) and ranged from 1 to 6 (mean = 3) on late/evening shift. The majority of wards in Area A were allocated learners (30/49) whilst wards with a learner allocation were in the minority (12/30) in Area B, and the above 'shift' numbers suggest that some wards were reliant on nurse learners to provide adequate supervision and nursing care.

In order to explore whether patterns of staff communication were related to workload, the 'permanent staff'/patient ratio was calculated by dividing the ward bed complement (total number of staffed beds) by the number of 'permanent staff' on early duty. ('Permanent staff' refers to the full complement of nursing staff, excluding nurse learners, whose

names appear on the day duty roster.) Charge Nurse/Sisters' estimates of the average numbers of day nursing staff, excluding learners on early/morning shift and late/evening shift were used to provide simple indices of staff numbers. These estimates were chosen in preference to duty roster numbers, in order to reflect relief cover provided for other wards and staff sickness. Though it is recognised that bed occupancy rates vary among wards, the number of staffed beds was used to provide an approximate indication of patient numbers.

In the absence of any uniform policy for monitoring patient dependency, the staff/patient ratio was chosen to assess workload, as one aspect of ward work which might influence its communication dynamics. Staff/patient ratios ranged from 1.5 patients per nursing staff member to 15 patients per nursing staff member (excluding learners) during 'early duty' shifts, whilst on late duty shifts the ratio of staff to patients ranged from 2 to 15 patients per nursing staff member. There was no significant difference between the 'permanent staff'/patient ratios in those wards with learners and those wards without a learner allocation. Nurse learners were evidently integral to staffing requirements in the compilation of duty rotas on the wards where they worked.

The mechanisms for communicating patient information were similar throughout the wards in the sample. All but one of the wards were documenting patient care using approaches based on 'The Nursing Process'. The pattern and regularity of exchanging formal verbal reports varied widely between wards, ranging from 1 to 28 reports per week among day nursing staff. In the majority of wards, either one (24 wards) or two formal report sessions (20 wards) were scheduled daily. In five wards, Nursing Auxiliaries were excluded from the staff report.

It was reported by Charge Nurse/Sisters in 44/79 wards that there was no staff rotation 'policy' in the hospitals in which they worked, although 28/79 Charge Nurse/Sisters reported staff rotation at regular intervals for at least one grade. The rotation of Staff Nurses and Enrolled Nurses occurred predominantly at 12 monthly intervals: 9/28 wards followed this pattern for Staff Nurses and 10/28 wards reported the same rotation interval for Enrolled Nurses. The proportion of Charge Nurse/Sisters who were subject to regular rotation 6/66, (9.%) NS=13 was less than other trained nurses. In 22 wards Nursing Auxiliary rotations were reported to occur at intervals of 6 months, yearly or biennially.

The above outline of sample characteristics describes variables, such as age, which may interact with the key variables of openness, satisfaction and grade. In the following sections summary statistics describing openness and satisfaction are presented with reference to the principal research questions; the results of bivariate analysis conducted to test for a relationship between openness and satisfaction are given and the influence of staff grade is described. The effects of intervening variables are explored using two way analysis of variance and multiple regression.

PERCEPTIONS OF WARD OPENNESS

To what extent are management practices in geriatric long stay wards perceived as participative (open) by nursing staff?

Openness: respondent ratings

Each respondent was assigned an 'openness rating' which was the mean value of item scores on the openness scale. The openness rating provided an index of the extent to which individual respondents

perceived the management style of their ward to be participative. The possible scale score for each question ranged from 1 to 5, with a low score indicating that management was perceived as minimally participative and a high score indicating a perception of management as highly participative. Respondent scores ranged from 1.77 to 4.37 and were approximately normally distributed. The mean openness rating was 3.27, s.d. = .43 and the median score was 3.33. Though examination of response patterns suggests that respondents tended to indicate 'agreement', the inclusion of negatively scored items appears to have minimised the effects of any acquiescent response set among respondents and the majority (n=284) gave positive ratings. There was no difference between the openness ratings of respondents in Area A (mean = 3.23, s.d. = .437) and those in Area B (mean = 3.32, s.d. = .414).

Openness: ward openness index

Individual scores were aggregated to produce an openness index for each ward. The Ward Openness Index was the mean value of respondents' openness scores in their respective wards. Ward openness indices ranged from 2.55 to 3.78 (mean = 3.27, s.d. = .24) and they were approximately normally distributed. There was no difference in the openness indices of wards which had predominantly 'senior ward nurse' and those which had predominantly 'non-manager ward staff' respondents. One-way analysis of variance between wards showed that the combined openness scores of ward staff differed between wards to an extent that was statistically significant ($F = 1.457$, $p. < .05$).

Limitations of openness scale

The numerical descriptions of openness are based on an assumption that strength of agreement is directly related to the respondent's belief about the extent of openness in the ward in which they work. In the absence of foregoing research that might have provided an external criterion with which to assess validity, the validation of item content was sought through the systematic processes of item selection and analysis that formed the basis of the pilot study.

It is possible that manager nurses may be inclined to give high openness ratings of their own practice and thereby introduce a loading in favour of openness. The finding that Charge Nurse/Sisters' openness scores (mean = 3.55, s. d. = .37) were significantly higher than the scores of Staff Nurses (mean = 3.34, s. d. = .41), Enrolled Nurses (mean = 3.19, s. d. = .05) and Nursing Auxiliaries (mean = 3.19, s. d. = .39) indicates that manager nurses did give relatively high openness ratings. It could be held that Charge Nurse/Sisters gave high openness ratings in the belief that 'openness' was professionally desirable. Also, the relatively low openness ratings among non-managerial 'ward staff', (the majority of whom were Nursing Auxiliaries), might have arisen because they were perhaps unaware that 'openness' was viewed positively by managers as a desirable management objective.

However, a more detailed examination of the openness scores shows that any such bias did not apply consistently throughout the openness ratings collected from the sample. In 8 of the 17 highest scoring wards, with ward openness indices in excess of 3.45, the Charge Nurse/Sister's score was less than or equal to the ward mean score (Ward Openness

Index). In three of these wards, the Charge Nurse/Sisters had the lowest openness rating in their ward and among all of the wards, 18% (14/79) of Charge Nurse/Sisters scored below the mean score of their ward (Ward Openness Index). Further, in 19/79 (24%) of wards, Nursing Auxiliaries had the highest openness ratings. Though the manager nurses' ('senior ward nurses') openness ratings (mean = 3.35, s. d. = .44) were higher than non-managerial nursing staff ('ward staff') openness ratings (mean = 3.19, s. d. = .4), the majority of non-managers' openness ratings were also found to lie at the positive end of the openness scale.

Another possible limitation lies in the adoption of the conventional Likert format, where the middle score category is designated 'uncertain'. It could be argued that a middle score of 3 may indicate indifference, indecision or lack of knowledge, rather than mid-way level of agreement about the extent of openness. This is recognised as a problem of the conventional Likert scale (Oppenheim, 1966). An alternative label has been tried byAllen and Dyer (1980) who referred to the centre category as 'Neutral' and provided an additional 'Don't Know' category. Though this does facilitate the identification of respondents who believe that they lack sufficient knowledge to rate an item, it can lead to fewer scale entries by respondents which creates a problem in handling the analysis of missing data. Further, it does not influence the treatment of the middle 'Neutral' category as outlined by Likert, where the response is assigned the value of 'no opinion' (neither agreement nor disagreement).

In the present study, analysis of the mid-range scores for each of the openness items reveals that in 20/30 items, the majority of 'uncertain' scores (value 3) were contributed by Nursing Auxiliaries (933/1746, 53%), who comprised 178/388, 46% of the sample. It is possible that some

respondents' perceptions of openness reflect a training effect and it could be argued that without exposure to management training, Nursing Auxiliaries were unable to assess the extent of openness and they were using the 'uncertain' category to indicate lack of knowledge, rather than having a 'central tendency' response set. However it was found in over 80% of the item responses, respondents did not use the 'uncertain' category, indicating that an inability to agree or disagree with a statement, for whatever reason, was not a common occurrence.

Further concern may arise regarding the extent to which the distribution of ward scores can be described as homogeneous and from which ward cultures can be inferred. Examination of response patterns for each ward showed that 70% (271/388) of individual scores fell within one standard deviation of the mean score in the ward (Ward Openness Index) and the remaining 30% of scores fell within two standard deviations of the Ward Openness Index for respective wards. As the clusters of responses in each ward were relatively compact, it can be inferred that the Ward Openness Index was describing homogeneity of responses, rather than a complex of divergent scores, in the respective study wards.

NURSING STAFF LEVELS OF JOB SATISFACTION

Job satisfaction: respondent scores

Items 16 to 20 of the main study questionnaire comprised Quinn and Staines' (1979) Facet-free Job Satisfaction scale. Following Quinn and Staines' recommendations, each respondent was assigned a satisfaction score which was the mean value of weighted item scores on the

satisfaction scale. Higher values of the mean satisfaction score indicated higher satisfaction.

Individual satisfaction scores ranged from 1 to 5. The frequency distribution of individual satisfaction scores was skewed towards the higher end of the scale with more than 20% of respondents achieving the maximum score of 5. The mean satisfaction score was 3.75, s.d. = 1.1, whilst the median score was 4.2. The satisfaction scores of respondents in each area were found to lie at the higher end of the possible score range (Area A: mean = 3.6, s.d. = 1.15; Area B: mean = 3.96, s.d. = 1.01) and the difference between satisfaction scores in each area was statistically significant ($U = 14824.5$, $p < .005$).

Job satisfaction: ward satisfaction index

Individual satisfaction scores were aggregated to produce a satisfaction index for each ward. The Ward Satisfaction Index was the mean value of respondents' satisfaction scores in their respective wards. The satisfaction index scores ranged from 2.35 to 4.75 (mean = 3.75, s.d. = .62) and the ward scores were approximately normally distributed. There was no difference between the satisfaction indices of wards with predominantly 'senior ward nurse' and those with predominantly non-manager 'ward staff' respondents. One-way analysis of variance showed that the combined satisfaction scores of ward staff (ward satisfaction indices) differed from each other to an extent that was statistically significant ($F = 1.529$, $p < .01$).

WARD OPENNESS AND NURSING STAFF JOB SATISFACTION

Is the degree of ward openness positively associated with nursing staff levels of job satisfaction?

The relationship between ward openness and nursing staff job satisfaction was explored: first, to test for association, then to measure the degree of association between ward openness and levels of staff job satisfaction.

Respondents

Respondent scores were divided at the 33rd and 66th percentiles into low scorers (< 3.13), medium scorers (3.13 < and < 3.46) and high scorers (> 4.6) on the satisfaction scale. The respective openness and satisfaction scores were cross-tabulated and found to be associated ($Chi^2 = 14.852$, df = 4, $p < .001$). Spearman's rank test of correlation (two-tailed) between individual openness and satisfaction scores showed a significant association between the two variables ($r_s = +.179$, $p < .01$).

Wards

Wards were categorised into three equal-sized groups (at the 33rd and 66th percentiles) with low (<3.16), medium (3.16 < and < 3.38) and high (> 3.38) openness scores. Ward satisfaction indices were similarly categorised into low (< 3.4), medium (3.4 < and < 4.06) and high (> 4.06) satisfaction scores. Cross-tabulation of ward openness and ward satisfaction showed that a significant association existed. ($Chi^2 = 10.92$, df 4, $p < .05$). Spearman's rank test of correlation between ward openness indices and ward satisfaction indices showed that ward openness and

ward satisfaction were positively correlated to a significant extent (r_s = +.298, $p < .01$).

OPENNESS, SATISFACTION AND GRADE

Are perceptions of ward openness and levels of job satisfaction related to nursing staff grade?

Openness and grade

The sample was divided into two groups by identifying those respondents with scores higher than the mean openness score (3.27), and those below. The resulting groups of 'low' and 'high' openness scorers had 181 and 207 members respectively. Cross-tabulation of 'low' and 'high' openness scores with respondent grade showed that perceptions of openness were associated with staff grade (Chi^2= 27.7, df 3, $p < .01$). In each of the comparisons between two grades, the mean openness score in the higher grade was greater than or equal to the mean openness score for the lower grade (see p. 84). Charge Nurse/Sisters' mean scores differed significantly from the scores of Staff Nurses ($t = 2.85$, df 110, $p < .01$), Enrolled Nurses ($t = 5.29$, df 162, $p < .001$) and Nursing Auxiliaries ($t = 6.40$, df 242, $p < .001$). The differences between the mean openness scores of Staff Nurses and Nursing Auxiliaries was also found to be statistically significant ($t = 2.20$, df 222, $p < .05$).

Satisfaction and grade

The sample was divided at the overall mean satisfaction score in order to conduct further analysis. The resulting groups of 'low' and 'high' satisfaction levels were associated with respondent grade (Chi^2 = 30.65, df, 3, $p < .001$). Comparison of the mean satisfaction scores for each

grade showed the Nursing Auxiliaries' satisfaction scores differed significantly from the scores of Charge Nurse/Sisters ($U = 3485.5$, $p < .0001$), Staff Nurses ($U = 3022$, $p < .05$) and Enrolled Nurses ($U = 5245$, $p < .0001$). The mean satisfaction score of the Nursing Auxiliaries was higher than the mean satisfaction scores of each of the qualified nurse grades.

Openness, satisfaction and grade

Spearman's test of correlation showed that openness and satisfaction were correlated to a significant extent in Charge Nurse/Sisters ($r_s = +.3089$, $p < .05$), Enrolled Nurses ($r_s = +.3413$, $p < .01$) and Nursing Auxiliaries ($r_s = +.2114$, $p < .01$). The correlation between Staff Nurses' openness and satisfaction scores was not statistically significant.

Though paradoxical, the finding that there is a positive association between openness ratings and satisfaction levels among Charge Nurse/Sisters, Enrolled Nurses and Nursing Auxiliaries is compatible with the findings of 'between' grade differences described in the previous sections. For example, though Charge Nurse/Sisters, as a group, have relatively high openness scores and relatively low satisfaction scores in comparison with Nursing Auxiliaries (which might be interpreted to suggest an inverse relationship between openness ratings and levels of job satisfaction), it is nonetheless possible that 'within' the grade of Charge Nurse/Sisters, individuals who have relatively high openness ratings may have relatively high levels of job satisfaction, in comparison with other Charge Nurse/Sisters.

Likewise, in the Nursing Auxiliary grade, which has relatively high satisfaction scores in comparison with other grades, an association between openness and satisfaction scores may also hold for respective

individuals. That is, Nursing Auxiliaries with relatively high openness ratings may have relatively high levels of job satisfaction, whilst those with relatively low openness ratings have relatively low levels of job satisfaction in comparison with other Nursing Auxiliaries.

In addition to the statistical evidence suggesting that openness and staff satisfaction levels are associated, several respondents offered comments that further supported the above findings. Forty-nine respondents made additional comments or addressed enquiries to the author. Examples of comments from a ward sister and a Nursing Auxiliary are cited below.

Ward Sister:

I introduced staff meetings in my ward at one time and still try now and again to get some kind of discussion going. It's very difficult to keep up enthusiasm when you know staff are exhausted and also my impression is that management are little interested in the opinions of staff on the ward.

Nursing Auxiliary:

The general running of ward [ ] is very good. I think most of the trained staff have everything running to a "T" .... I am part-time and it is a draw-back because you have to rely on the other auxiliary-nurses to keep you informed in what's going on ... (I miss the patient reports because I leave at 1 o'clock)...

I do think there is a 'gap between trained staff ... and auxiliary nurses ... which I think is a shame and a bit of a hindrance it's a "them and us" syndrome and sometimes you do feel left out.

Many of the written comments related to recurrent themes about staff shortages and sickness rates. Another striking feature was the weight of

family commitments to the elderly that many of the respondents bore in addition to their work in the wards.

ADDITIONAL FINDINGS

Respondents

Using the above dichotomised variables, age was crosstabulated with grade and a significant association was found to exist ($Chi^2 = 14.88$, df 3, $p < .01$). Age and grade were also found to interact in the relationship between openness and satisfaction. When scores on the variables openness, satisfaction and respondent age were dichotomised at the mean score and staff grades were divided into 'senior ward nurses' and 'ward staff', openness and satisfaction were found to be associated among the younger staff members (aged 39 years or less). The association between openness, satisfaction and age was evident both in 'senior ward nurses' ($Chi^2 = 11.63$, df 1, $p < .001$) and in 'ward staff' ($Chi^2 = 10.687$, df 1, $p < .01$).

When the analysis was conducted for each staff grade, it was found that openness and satisfaction scores were associated in the Enrolled Nurses ($Chi^2 = 6.9$, df 1, $p < .01$) and Nursing Auxiliaries ($Chi^2 = 7.6$, df 1, $p < .01$). When age and grade were both controlled, the interaction between openness and satisfaction was statistically significant in the 20-29 year-old Nursing Auxiliary group ($Chi^2 = 4.32$, df 1, $p < .05$).

To further explore if there was an interaction between the effects of age and grade on openness and satisfaction respectively, two way analyses of variance were conducted. Grade was found to contribute most to the variation among openness scores ($F = 12.031$, $p < .0001$) whilst the

influence of age was weaker ($F = 2.273$, $p < .05$). The interactions between age and grade were also statistically significant ($F = 2.05$, $p < .05$).

Two way analysis of variance to explore the effects of age and grade on satisfaction scores showed that age ($F = 7.37$, $p < .0001$) and grade ($F = 16.974$, $p < .0001$) both contributed significantly to the variation among satisfaction scores.

The job satisfaction scores of 20 - 29 year old Nursing Auxiliaries (mean = 3.65, s.d. = .989) were lower than the job satisfaction score of 40 - 49 year old Nursing Auxiliaries (mean = 4.52, s.d. = .594) and the difference between means was statistically significant ($U = 550.5$, $p < .0001$).

There was no difference in openness ratings or job satisfaction levels between staff in wards with 'low' or 'high' staff/patient ratios (dichotomised at mean). The job satisfaction levels of part-time nursing staff were higher than the job satisfaction levels of full-time staff and the difference between means was statistically significant ($U = 1428.5$, $p < .0005$). Though there was a higher proportion of part-time workers in Area A than in Area B, job satisfaction levels were higher in Area B. There was no difference between the openness ratings of respondents in Area A and those in Area B. When each Area was considered independently, no difference was found between the openness ratings of full and part-time workers. There was no difference in respondent age between Area A and Area B.

Good days and bad days

In order to obtain subjective ratings of the ward morale on a day to day basis, respondents were requested to indicate, for a month of 30 days, how many days they would describe as 'a good day' 'a bad day' and 'a day that is neither 'a good day' nor 'a bad day' on the ward. In addition, respondents were asked to describe the kind of day that they would regard as a 'good' and a 'bad' day on the ward in order to discover the criteria that were used in formulating their appraisals.

Respondents' descriptions of a 'good day' included

> *when all the patients are comfortable and the staff feel satisfied with their achievements. Also, when the staff are getting on with each other*

and

> *staff working well together.*

Descriptions of the kind of day that nursing staff regarded as a 'bad day' included

> *when the day drags in and there is unrest with the staff*

and

> *when the patients and staff are both feeling unsatisfactory, in work and with each other.*

The number of 'good days' ranged from 0 to 30. There were more respondents indicated no 'good days' (20/342, 6%) than indicated all 'good days' (9/342, 3%). The mean number of 'good days' was 14, s.d.=7.6. The number of 'bad days' also ranged from 0 to 30. There were more

respondents indicated no 'bad days' (47/342, 14%) than indicated all 'bad days' (3/342, 1%), (n = 342). The mean number of 'bad days' was 8, s.d=7.3. Openness and satisfaction ratings were found to correlate positively with the number of 'good days' and negatively with the number of 'bad days' (Table 4).

Table 4: Correlation* of Subjective estimates of good and bad days with Openness and Satisfaction ratings

	Openness			Satisfaction		
Subjective ratings	r	n	sig	r	n	sig
No. of good days/month	.184	342	p< .01	.3542	341	p< .001
No. of bad days/month	-1.476	342	p< .01	-.2953	341	p< .001

**Pearson's Product Moment*

Multiple regression of respondents' openness ratings, satisfaction scores and their reports of the number of 'good days' per month suggest that perceptions of openness and job satisfaction levels predict respondents' experience of 'good days' ($F = 27.27$, $p < .001$), though satisfaction contributes more to variation in the number of 'good days' than openness ratings.

Regression analysis of the relationship between openness rating, satisfaction levels and respondents' experience of bad days suggested that respondents' reported frequency of 'bad days' might be influenced by an additional intervening variable, other than openness or satisfaction.

SUMMARY OF FINDINGS

In each of the principal research questions, the null hypothesis was rejected. The majority of nursing staff gave responses to the positive end of the openness scale; that is, they perceived management practices as open. Ward openness was found to be positively associated with staff job satisfaction levels in each ward and amongst individual respondents, the association between openness ratings and job satisfaction scores was strongest in 20-29 year old Nursing Auxiliaries. Grade was found to influence perceptions of openness and levels of job satisfaction. Though grade was associated with age, grade contributed more than age to the variation in openness and satisfaction scores.

Respondents' openness ratings and job satisfaction levels were also found to predict the number of 'good days' that they experienced each month, though job satisfaction contributed more than openness ratings to the variation in the number of 'good days'.

Chapter Five

SUMMARY, CONCLUSIONS, DISCUSSION AND RECOMMENDATIONS

SUMMARY

This study was conducted to explore, by survey questionnaire, perceptions of ward organisation and levels of job satisfaction among nursing staff in wards that provide continuing care for elderly people. Geriatric long stay wards were identified as a focus of inquiry through the author's awareness of structural and contextual differences, in nursing staff composition and the rate of patient turnover, between geriatric long stay wards and acute sector wards and because of a relative paucity of research on nursing staff perceptions of ward management in the geriatric long stay area of hospital provision.

The survey questionnaire comprised an openness scale, a job satisfaction test and a series of personal questions. Likert's (1961) characterisation of a hypothetical 'participative group' system of management was used to develop the openness scale, based on the communication rules approach to discovering organisational culture. Quinn and Staines' Facet-Free Job Satisfaction Test (1979) was included in the survey questionnaire to test Likert's (1961) hypothesis of a positive association between the degree of worker participation in management and levels of job satisfaction. Differences in openness ratings and levels of job satisfaction among nursing staff grades were also investigated to guide future developments in nursing research, management, education and practice.

CONCLUSIONS

The study conclusions, based on the findings for the three principal research questions are presented:

To what extent are management practices in geriatric long stay wards perceived as participative (open) by nursing staff?

When nursing staff 'openness' scores were aggregated to produce an openness index for each ward, ward openness indices ranged from 2.55 to 3.78 (mean = 3.27, s.d. = .24, possible range 1-5). The majority of wards (68/79, 86%) were described as participative (where the index score was greater than 3) on the basis of nursing staff ratings. Participative wards could be discriminated from non-participative wards ($F=1.457$, $p < .05$).

The null hypothesis, that there is no agreement, among nursing staff, that participative management is characteristic of the geriatric long-stay wards in which they work, was rejected.

It was concluded that the majority of geriatric long stay wards are perceived as participative (open) by nursing staff members.

Is the degree of ward openness positively associated with nursing staff levels of job satisfaction?

Spearman's rank test of correlation between ward openness indices and ward satisfaction indices showed that ward openness and ward satisfaction were positively correlated to a significant extent ($r_s=+.298$, $p < .01$).

The null hypothesis, that there is no significant relationship between ward openness and levels of job satisfaction among ward nursing staff was rejected.

It was concluded that there is a positive association between the degree of ward openness and nursing staff levels of job satisfaction.

Are perceptions of ward openness and levels of job satisfaction related to nursing staff grade?

Nursing staff perceptions of ward openness were associated with staff grade ($Chi^2 = 27.7$, df 3, $p < .01$) when openness ratings were categorised as 'high' and 'low'. 'High' and 'low' satisfaction levels were also associated with respondent grade ($Chi^2 = 30.65$, df 3, $p<.001$).

The null hypotheses that:

there is no association between perception of ward openness and nursing staff grade

there is no association between level of job satisfaction and nursing staff grade

were rejected.

It was concluded that perceptions of ward openness and levels of job satisfaction are related to nursing staff grade.

DISCUSSION

Insofar as the study is distinguished from previous research on nursing organisation in that it focuses on 'cultural' rather than 'structural' aspects of organisational management, the ways in which the study might contribute to nursing's knowledge base are considered. Further, as the adoption of the communication rules approach involved a research paradigm that is new to the study of organisational communication in nursing, the efficacy of the approach for further data

generation is discussed. To sustain the logic of inquiry in the development of the study, the study findings will be discussed firstly in relation to research content (organisational culture) and research process (communication rules approach). The answers to the principal research questions will then be reviewed as outcomes in relation to Likert's (1961) hypothesis and in relation to their implications for nursing research, management, education and practice.

Organisational culture

The decision to concentrate on cultural aspects of nursing organization appears to have been upheld by the patterns of response to the study questionnaire. The level of response (82%) suggests that the questionnaire probed aspects of nursing organisation which staff were readily able to describe, even though the nursing staff views may not have been previously articulated. Insomuch as questionnaire responses appear to discriminate among wards, Alexander's (1982) assertion that organisational sub-units are culturally distinct appears to be supported. The emergence of overall differences among staff groups, despite response variations relating to age and grade suggests that ward culture is more than a simple expression of the hospital context or characteristics of participants in the work place.

The finding that ward openness scores differ to a statistically significant extent, and that they are related to job satisfaction levels, suggests that the degree of worker participation is a meaningful cultural phenomenon in the organisation of hospital wards. Whilst the questionnaire items may have prompted respondents to give their views about the extent of openness in their work situation, it is recognised that

the questionnaire data have only descriptive and not necessarily explanatory value and that other structural and cultural forces may exist that influence respondents' perceptions. Nonetheless, it appears that exploration of the perceptions of participants in the culture is both necessary and sufficient to identify cultural phenomena, as inferred through organisational behaviour. Moreover, the additional comments of respondents, including a description of the process of questionnaire completion as 'therapeutic' suggests that the identification and description of cultural phenomena may help to promote understanding of ward organisation among hospital nursing staff.

To what extent is the identification of cultural phenomena in a sample of geriatric long-stay wards generalisable, either to other geriatric long-stay wards or to other hospital organisational sub-units (wards)?

Menzies (1970) has argued that the primary task and technology exert only limited influence on the structures, cultures and mode of functioning of social organisations and she has further stressed the importance of idiosyncratic social and psychological resources and needs of members of operational sub-units. If the primary task, continuing care of elderly people, is merely a limiting factor as Menzies suggests, then it is arguable that exploration of surgical or obstetric wards might also reveal the existence of cultural phenomena among the perceptions of nursing staff members. Further, if the degree of worker participation were explored, one might predict a response distribution similar to that of the present study. Yet clearly there are structural differences in the nurse staffing patterns of surgical and obstetric wards, such as the ratio of qualified/unqualified staff, that suggest that the idiosyncratic social and psychological resources of ward members might differ in important ways,

(for example in relation to age and grade) from their colleagues in geriatric long-stay wards. That is, where the characteristics of organisational unit (ward) members are related to the primary task and technology, the psychological needs of members might also be expected to influence the 'structure', 'culture' and 'mode of functioning' of ward organisation.

Given the likelihood that the composition and characteristics of ward members will differ among nursing specialties, caution must be exercised in extrapolating the findings to contexts beyond geriatric long-stay wards. This analysis does not, however, preclude the possibility of identifying a prevailing organisatonal culture among nurses working in hospital wards. Rather, it implies that any extension of the study beyond geriatric long-stay wards should include an initial, exploratory phase, in order to develop research instruments that are sensitive to contextual features of the respective wards. That is, whilst the empirical findings of the present study should not be extrapolated to dissimilar contexts, the communication rules approach to discovering culture can be applied in wards other than those within the geriatric long stay sector.

Theoretically, with agreement among groups of nursing staff concerning the culture of the units (wards) in which they work, yet variation among individual responses according to age and grade, the findings resonate with Alexander's (1982) emphasis on the importance of the interface between professional education and work environment, and his recognition of the structural diversity that exists among and within organisational sub-units in nursing.

In his study of Staff Nurses, Alexander (1982) identified two categories of factors that affected professional role orientations other than the work arrangement of the patient care unit. The first category comprised characteristics of the work environment, such as the supervisory style of the head nurse, characteristics of the employing authority and the nature of patient-care work, whilst the second related to personal attributes such as job tenure in the patient care unit and professional socialization background. Though the cross-sectional nature of the present study permitted only retrospective assessment of the impact of unit (ward) tenure on nursing staff perceptions of the cultural dimensions of their wards, the length of time that staff had been on their present wards was not found to influence the extent of intra-ward agreement among nursing staff concerning ward openness.

Whilst perceptions of openness may only partially reflect nursing staff views, the finding that unit tenure bore little relation to other effects of work arrangement also accords with Alexander's (1982) findings concerning the role orientation of professional nurses. The parallels with Alexander's (1982) work suggest that his appeal that 'formulations of hospital structure' should be more contextually referenced may have relevance for the present study.

What then are the implications of discovering cultural phenomena which distinguish hospital wards in relation to nursing staff perceptions of ward openness, and that appear to be related to the levels of job satisfaction among ward members when they are considered as a group?

Menzies (1970) argued that the structure, culture and mode of functioning of an organisation is a manifestation of the 'socially

structured defence mechanisms' of the organisation's members. Menzies (1970) viewed the 'socially structured defence mechanisms' as an articulation of the psychic needs of individuals in the organisation and warned that if the defence mechanisms fails to support the individual, pathological consequences can arise. Menzies (1970) proposed that 'an understanding of a social institution's defence mechanisms is an important diagnostic and therapeutic tool in facilitating social change' and concluded that fairly radical changes in the system were necessary to ameliorate the problems of anxiety and stress in nursing.

Both Menzies (1970) and Alexander (1982) recommended planned preparation of the working environment and training experience of nurses and each suggested the possibility of changing characteristics of the work setting towards patterns that are conducive to meeting the support needs of staff. Whilst the study conclusions and recommendations for a nursing theory and practice can only be described after detailed discussion of the findings on nursing staff openness and satisfaction levels, the discovery of cultural phenomena in geriatric long stay wards invites recommendations for further research on cultural aspects of organisational life. In particular, where ward cultures that are conducive to the development of high levels of staff job satisfaction can be identified, there is a need to explore the relationship between organisational culture, job satisfaction levels among staff and the experience of clients of the organisation.

In geriatric long-stay wards such research might involve investigating quality of patient care by exploring the views of patients and their relatives, or collecting data on observable quality of care indices, such as patients physical status (eg skin integrity), or evaluating the

quality and effectiveness of programmes to promote self care among ward in-patient populations. Further, in view of the importance of multi-disciplinary cooperation among professionals who care for elderly people there would be merit in exploring the communicative relationship between wards, where the 'within- ward' culture had been described, and members' communication with professional colleagues and agencies external to the ward environment.

Aspects of organisational development with obvious practical relevance for future study include research on the preparation and integration of new ward members; the impact of changing the mix of professional characteristics among ward personnel; changing the primary task by altering patient mix (e.g. introducing short-stay respite patients to long stay wards), or changing the structural management of the ward from, for example, task-oriented nursing to primary nursing care.

Whether manipulating the ward environment or testing permutations of staff/patient mix, the findings of the present study support the adoption of 'organisational culture' as a conceptual aid to understanding ward organisation.

Communication rules

The findings are considered in light of the possible limitations of the openness scale which were outlined in Chapter 4. The findings suggest that in treating organisational culture as a rules-based phenomenon, new ways of describing ward management patterns have been found. Schall's (1983) theoretical argument for a communication rules approach in which the concepts of organisation, culture, communication and rules are synthesised, appears to be supported. The discovery of communication

rules through exploration of the 'here and now' suggests that communication rules have normative force that is context specific, and can be learned.

Ward openness and nursing staff satisfaction

The findings pertaining to the three principal research questions of this study and Likert's (1961) hypothesis that high job satisfaction levels are associated with participative management practices are summarised and discussed below.

> **To what extent are management practices in geriatric long stay wards perceived as participative (open) by nursing staff?**

When individual scores were aggregated to provide an openness index in relation to each ward, the mean score among the study wards (3.27, s.d. = .24) was found to be at the higher end of the range of possible scores (1 - 5). As the ward openness scale was based on Likert's (1961) characterisation of a hypothetical 'participative group' system of organisation, the response scores suggest that the majority of wards were perceived by nursing staff as conforming to the participative group (open) type, as outlined by Likert.

The finding that ward openness indices ranged in value from 2.55 to 3.78, and that openness indices differed among wards to an extent that was statistically significant ($F = 1.457$, $p < .05$), suggests that some of the study wards were not perceived, overall, as open by their nursing staff members. In Likert's (1961) characterisation of management systems, he argued that his presentation of the four systems, as discrete types,

(exploitive authoritative, benevolent authoritative, consultative and participative group), was simply an illustrative device. Rather, he asserted that the four systems formed are continuous and that 'all the many operating procedures and performance characteristics of the different management systems form an orderly pattern along every horizontal dimension'.

The openness scale offered respondents an opportunity to indicate their levels of agreement concerning the extent to which participative (open) management was 'usual' in their ward. A failure by ward staff to yield an aggregate score at the higher end of the openness scale would suggest that their ward was not perceived to exhibit 'participative group' characteristics: any attempt to locate the wards at other points on Likert's continua of characteristics would be largely speculative. Whilst Likert (1961, p. 234) asserts that it is possible to interpolate within, and extrapolate from his table to discover the forms of interactional patterns in participative group organisations, it cannot be assumed that all the characteristics co-vary systematically.

As the openness scale was based on participative group characteristics alone, the characterisation of ward types must simply be described in terms of the extent to which they were found to be participative (open) and, for convenience, those which were not found to be participative will be referred to as 'closed'. The finding that some wards were perceived as open appears to support Likert's (1961) hypothesis that the participative group form of organisation can be identified in organisational sub-units such as hospital wards.

When Likert extrapolated the characteristics of the participative group form of organisation from his comparative analysis of organisations, the characterisations he described were based largely on observation of industrial organisations, and led him to construct the 'participative group' organisation as a hypothetical form, since he had not found an example that was 'fully developed in the business world'. As Likert's (1961) characterisation of the participative group form of organisation is based not only on extrapolation from industrial settings, but also on Cartwright and Zander's (1960) research on small groups, the findings may in part reflect the unit of analysis in the present study. Hospital wards are organisational sub-units when considered in the context of health care provision in the National Health Service, where duty staff complements can be considered as small groups. It is not clear whether Likert related his characterisations to any size of organisation, or level of management within the organisation, but his referral to the 'component parts of any system' and the 'complex but internally consistent pattern of relationships among the various parts of any system of management' suggests that he viewed organisations as essentially hybrid in nature. It may be that in focusing on organisational sub-units/small groups, patterns emerged in the present study which are not discernible when the organisation is considered as a total entity.

However, in view of the time that has elapsed (approximately 30 years) since the data that formed the basis of Likert's (1961) table was collected, it seems more likely that either organizational management has become increasingly participative, or that hospital wards, as part of a human service organisation, provide a management context that is substantially different from that of the business world. Whilst it cannot

be assumed that open management will be associated with high levels of staff satisfaction in production oriented organizations, the study findings suggest that further research is warranted in an industrial context.

The finding that patterns of management were perceived by nursing staff in some, but not all wards, as 'participative' reinforces Alexander's (1982) contention that organisations are structurally diverse. Since none of the wards achieved the maximum openness score (5) the findings also accord with the views of Likert (1961), Alexander (1982) and other writers on organisations (eg. Burns and Stalker, 1961): that ideal types' of organisation are simply hypothetical constructs of which only partial manifestations are likely to be found in objective reality. Though the identification of diverse patterns of management also undermines Draper, Grenholm and Best's (1976) contention that the National Health Service is becoming increasingly bureaucratic, the findings do not provide sufficient evidence, particularly concerning nursing specialties other than geriatric long-stay wards, to allow such contentions to be firmly refuted. In light of Menzies (1970) comments that organisations may evolve structures, cultures and modes of functioning that are pathological, and Heller, Drenth, Koopman and Rus' (1988) findings that high levels of participation are associated with more skill utilization (p.285), the finding of an association between levels of nursing staff satisfaction and the degree of ward openness, suggests that further research on the degree of participation in management is essential.

Drawing on the comments of Likert (1961), Menzies (1970) and Alexander (1982) it is argued that further understanding of participation in organisations is necessary to facilitate change, both in enabling 'closed' wards to become more 'open' and in assisting 'open' wards through

transitions in the organisation of nursing practice. The characterisation of open wards, which includes shared decision-making, delegation of responsibility and involvement in goal planning among staff at all levels augurs well for current advances towards primary nursing, which democratizes responsibility for decision-making and staff accountability.

Further, suggestions that leadership and interpersonal skills can be learned (Likert, 1961); that the occupational socialization of nursing can be managed (Menzies, 1960) and the organisational environment and staff composition of wards can be manipulated in ways that enhance professional functioning (Alexander, 1982), all call for research applications of the study findings, where innovations in practice can be monitored and evaluated. Possible research proposals are presented with the recommendations in the concluding section of this chapter.

Is the degree of ward openness positively associated with nursing staff levels of job satisfaction?

A positive association was found to exist between ward openness and ward satisfaction ($r_s = .298$, $p < .01$) and this finding appears to support Likert's (1961) hypothesis that in organisations, levels of staff job satisfaction are in positive association with the degree of staff participation in organisational management. However, though the data provide empirical evidence that supports Likert's (1961) characterisation of organisational 'types', the analysis of individual scores precludes any assumption of a causal link between ward openness and ward satisfaction, since personal (age), professional (grade) and environmental (health board) variables were also found to interact with perceptions of openness and levels of job satisfaction.

Curiously, when individual scores were analysed by grade, Charge Nurse/Sisters scored highest among all grades on the openness scale yet had lower job satisfaction scores than their nursing auxiliary colleagues. In contrast, Nursing Auxiliaries had higher job satisfaction scores than any of the qualified nurse grades, but also had the lowest openness scores. That is, whilst openness, and satisfaction scores were positively associated among individuals, analysis of the relative score differences among grades of staff revealed that those with the highest openness scores (Charge Nurse/Sisters) were the least satisfied, whilst those with the highest satisfaction scores (Nursing Auxiliaries) perceived their wards as least open.

The obvious paradox in the above findings does not however undermine the ward index findings since analysis of scores within grades shows a positive correlation between openness and satisfaction among members of each grade, except Staff Nurse, where no association was found. The relative difference in openness and satisfaction scores among Charge Nurse/Sisters and Nursing Auxiliaries may reflect real differences in each grade's perceptions of the management function. For example, a possible scenario would be one in which autocratic Charge Nurse/Sisters perceived their management style as 'open', in that there was voluminous downward communication, whilst Nursing Auxiliaries perceived the ward management as relatively closed, feeling that they have little involvement in decision-making or goal-planning. Compared with the Charge Nurse/Sisters, however, the Nursing Auxiliaries' job satisfaction levels could be relatively high, arising from opportunities for achievement and self-actualisation (job satisfaction 'motivators'; Herzberg, 1964) through close interaction with patients whilst the distant,

autocratic Charge Nurse/Sisters found little real satisfaction from the impersonal nature of their work.

Alternative explanations of the study findings concerning ward openness, ward satisfaction and grade may relate to intervening personal and environmental variables. The finding that age was positively associated with openness and satisfaction, where older respondents had higher openness and satisfaction scores than their younger colleagues, and evidence of an interaction between age and grade, may in part explain the differences found between nursing grades.

The finding that both openness and satisfaction correlate positively with age might be explained by processes of occupational socialisation, whereby experienced staff become less reliant on formal, verbal communication, they become inured to the status quo, or their expectations diminish over time. Alternatively, where older staff have more experience of hospital nursing than their juniors, the nurses' responses may reflect relative differences/perceived improvements in working conditions since the time they entered nursing.

There may even be generational influences, where new/recent recruits, through educational processes and exposure to non-nursing work, approach nursing with high expectations of staff participation in the workplace, compared with more limited expectations of their seniors. Such an explanation appears to be supported by the analysis of openness and satisfaction in relation to the age-bands in the study questionnaire, as openness and satisfaction were found to be associated only among Nursing Auxiliaries aged 20 - 29 years, ($Chi^2 = 4.32$, df 1, $p < .05$) when age and grade were controlled.

Though no difference was found in openness scores between respondents employed in the 'urban' and the 'rural' health board, a significant difference was found between the levels of staff job satisfaction ($U = 14824.5$, $p < .005$): the mean satisfaction score of respondents in the 'rural' health board (Area B) was higher than in the 'urban' health board (Area A). Yet there was a higher proportion of part-time workers in Area A than in Area B, and part-time workers were found to have higher satisfaction levels than full time workers.

As there was a difference between the levels of staff job satisfaction in Area A and Area B, it might be predicted that there would be a difference in openness ratings between Areas A and B. The finding of no difference in openness ratings between Areas A and B suggested that differences in satisfaction levels might be explained by other factors besides the pattern of managerial communication in the ward. For example, high satisfaction levels in rural areas might be attributed to the personal experience of working and living in a small community and part-time workers may have higher satisfaction levels than full time workers because they can more easily integrate their work and family lives. Other differences between the health boards were also found concerning staff deployment (e.g. the utilisation of Enrolled Nurses as 'senior ward nurses' or 'ward staff'; the grade composition of ward members, such as the proportion of Nursing Auxiliaries; learner allocation and patient mix (number of female patients; number of patients who are not categorised as geriatric long-stay), which may contribute to differences in nursing staff job satisfaction levels.

Whilst the foregoing discussion focused on levels of openness, job satisfaction and their relationship to intervening variables, there is some evidence that the findings may relate to broader issues of ward morale. The finding of a positive association between openness and the number of 'good days'/month ($r = .184$, $p < .01$), satisfaction and the number of 'good days'/month ($r = .354$, $p < .001$), and a negative association between openness and the number of 'bad days'/month ($r = - 1.476$, $p < .01$), satisfaction and the number of 'bad days'/month ($r = - .2953$, $p < .001$) suggest that respondents' satisfaction concerns their general experience in their job, and not just their satisfaction with participative leadership. Though the direction of association between openness and satisfaction remains unclear (more satisfied workers may be more readily disposed to communicate openly), the findings of high levels of staff participation and satisfaction levels are likely to be good indices of healthy management relationships and a happy workplace.

Whilst respondents' description of 'good days' and 'bad days' included factors such as staffing levels and unanticipated events, e.g. unplanned admissions, many answers focused on issues relating to management, on having a 'good routine' with things 'running smoothly'. Though having a 'good routine' may simply relate to well established programmes of care, nursing staff's differentiation between 'good' and 'bad' days suggests that successful planning must also include a directive element in order that staff have clear guidelines concerning their responsibilities, and further reinforces the importance of communicative openness in facilitating nursing practice in geriatric long stay wards.

Are perceptions of ward openness and levels of job satisfaction related to nursing staff grade?

The analysis of openness and satisfaction by grade shows that there are clear differences among grades, particularly Charge Nurse/Sisters and Nursing Auxiliaries, concerning their perceptions of their work in geriatric long-stay wards.

The findings of a positive correlation between openness and satisfaction among Charge Nurse/Sisters (r_s = +.3089, $p < .05$), Enrolled Nurses (r_s = +.3413, $p < .01$) and Nursing Auxiliaries (r_s = +2.114, $p < .01$) are consistent with the grouped, ward scores, but the failure to find an association between openness and satisfaction among Staff Nurses is incongruent with other findings in the present study and the recent research reported by Heller, Drenth, Koopman and Rus (1988). As age was found to be associated with openness and satisfaction levels, and Staff Nurse age is relatively evenly distributed among the lower (20 - 29 year old) and higher (50 - 59 year old) age bands it may be that the combined influence of age and grade on openness and satisfaction levels is masked among Staff Nurse respondents. The findings of no association between openness and satisfaction levels among Staff Nurses could also be an artefact of sample size, since there were fewer Staff Nurses (46/388) than any other grade and their numbers may have been too low to exceed the confidence limits at the 5% level of statistical significance.

Alternatively, Staff Nurses who work in geriatric long-stay wards may differ from Staff Nurse colleagues in other specialities in the extent to which they have to act both as managerial leaders ('senior ward nurses') and deliverers of nursing care ('ward nurses'). Though some

Enrolled Nurses also had to assume dual roles, the greater tendency of Staff Nurses to be left in overall charge of their wards may have led to greater exposure to the conflicting views of Charge Nurse/Sisters and Nursing Auxiliaries and ambiguity in the Staff Nurses' perceptions of the wards in which they work. Further, the findings that only a minority of Staff Nurses (less than 22%) had attended a first line management course, compared with Charge Nurse/Sisters (over 75%), and the greater tendency of Staff Nurses, compared with Charge Nurse/Sisters, to be rotated among wards may contribute to a lack of clarity in Staff Nurse perceptions of the management style of their wards.

The discovery of relative differences in openness and satisfaction levels among nursing staff grades and the finding that openness and satisfaction are strongly associated among junior staff, suggests that training and experience may have an important part to play in nursing staff's perceptions of their work. Though it might be argued that among junior staff, demands for information and involvement, or dependence on support/reward from collegial relations may reflect inexperience and immaturity (which diminishes as their confidence gains and they learn to derive satisfactions that are intrinsic to the work itself) the discovery of grade and age influences on nursing staff perceptions has important implications for staff recruitment and retention in the geriatric long-stay field.

Though further research is needed to explain the differences in perceptions among nursing staff grades, there is evidence to suggest that educational interventions, both in relation to managerial practice and individual staff development, may serve to reduce conflicting expectations and promote organisational practices that are conducive to

developing high levels of participation and satisfaction among all grades of nursing staff. Practical suggestions for educational and management interventions are presented in the concluding section of this chapter.

IMPLICATIONS FOR NURSING

Research and theory development

Though the study has limitations, which have been indicated previously and which may be possible sources of bias, some of the insights that have been generated can add a new dimension to the study of organisation in nursing. In this concluding section, possible implications of the work are suggested for research and theory development, management, education and practice, prior to presentation of the study recommendations. In using a concept (organisational culture) and paradigm (the communication rules approach) borrowed from non-nursing disciplines, it has been possible to generate empirical data and expand the descriptive base of nursing knowledge in a way that supports the use of multiple, rather than single, all-consuming approaches to inductive theorising.

In previous studies of nursing organisation that have borrowed concepts from non-nursing disciplines, there has been a tendency to focus on the classical theories of managerial leadership. As nursing is still a relatively immature discipline in the context of academic research, the advantage of borrowing from more 'established' disciplines may have been lost in the pursuit of authenticity.

Whilst it is accepted that nursing has still to establish a descriptive base before advancing explanatory theories, the present study suggests

that it is neither inevitable, nor necessary, for nursing to follow the developmental map of disciplines with a longer tradition of research in the social sciences. That is, in selecting research paradigms on the basis of current relevance, nursing can embrace the advances that are presently being made in more mature disciplines, and by-pass the structuralist approaches that characterised the early stages of development in associate disciplines. Moreover, by providing opportunities, to other disciplines, to test theoretical developments in a service-oriented organisation, nursing can become established as a key field in future applications of collaborative, interdisciplinary research.

In view of the dynamic nature of organisational life, and the obvious costs of attempting, exhaustively, to describe ward culture using a grounded approach, how might the descriptive base of nursing be further expanded, using the communication rules approach to study organisational culture in nursing?

Applied ethnography

McCarl (1984) has argued that the in-depth study of organisational participants, or of a particular work group, using an ethnographic approach, can provide members with a 'portrait' of their 'culture' which may commend changes in management to the study participants. Further research, using the communication rules approach to organisational culture, in a range of contexts and involving observation and interviewing, could provide a rich source of insights in nursing management and could extend understanding beyond perceptions of openness to include, for example, ward learning environments.

Large-scale comparative studies

The power of the study questionnaire in discriminating among geriatric long stay wards has demonstrated the sensitivity of the communication rules questionnaire as a research instrument for comparison studies of organisational management in nursing. If a series of in-depth ward studies were used to generate a comprehensive series of items for inclusion in a survey questionnaire, it would then be possible to develop a standardised instrument and conduct a large-scale comparative study from which normative data could be derived.

A large scale study would not only highlight differences among wards (organisational sub-units) and permit exploration of the relationship between organisational management and contextual influences (including people and bodies outside the organisation, which Heller et al, 1988 have described as 'metapower'), but it would also permit the identification of dominant patterns or themes which may lead to a description of a *prevailing* organisational culture in nursing. One possible advantage of producing normative data would be that, with appropriate guidelines, nursing staff could learn to administer the questionnaire among ward members and conduct their own assessment of organisational practice in their respective wards.

In view of the geographical isolation of many geriatric long-stay wards in rural areas, and the tendency for personnel managers, with responsibility for small, outlying hospitals, to be centrally based, there is obvious potential for self-directed or group-directed development of managerial skills under distant supervision. Potential uses of

communication rules questionnaires in the management of organisational change will be discussed in the following section.

Longitudinal studies

If organisational cultures are dynamic, can be at varying stages of development and reflect integrative processes among organisational participants then one might expect to identify perceptible changes when an organisational culture is explored over intervals of time.

(a) Participative decision-making. One of the limitations of the cross sectional approach in the present study is that in relation to shared decision-making, it has not been possible to differentiate between short and long term decisions. In a recent report (Heller, Drenth, Koopman and Rus, 1988) of a three country comparative study concerning industrial relations practices and organisational democracy, a distinction was made between short term 'operational' decisions and long term 'tactical' and 'strategic' decisions, with a process-oriented longitudinal method of data collection being devised to explore decision making in the longer term. The study focused on participative decision-making and the authors report that from the study and previous research, their findings show that participative decision-making includes a range of alternative practices,

> from sharing information via different kinds of consultation to joint decision-making and, ultimately, the delegation of power (p. 228)

The authors conclude that the alternative decision-making methods can be applicable at various phases of the decision making cycle and for different types of issues and argue that:

> organisations can increase the flexibility and participativeness of the decision process by formulating clear policies and formal rules which apply to different situations and different levels of the organisation (p. 228)

In the light of these findings, it would appear that further study of the *phases* of decision-making is essential before specific policy recommendations can be advanced about decision making in hospital wards. As the studies reported by Heller et al (1988) were conducted in industrial organisations, in cannot be assumed that the phases they describe - 'start up', 'development', 'finalisation' and 'implementation' would be mirrored in a service-oriented organisation. In particular, the apparent absence of an evaluation phase in the above study conflicts with current operational practices in nursing, exemplified by the nursing process, and it is argued that longitudinal study in a hospital context is necessary before alternative processes of participative decision-making can be described.

(b) Change management. Besides providing an opportunity to elaborate our understanding of processes of decision-making, longitudinal study of organisational culture also offers advantages for the management of change in nursing. For example, time interval analysis of organisational culture and staff satisfaction could be used

to monitor the impact of practice innovations, such as the introduction of primary nursing, on staff relations and cohesion among ward members.

Alternatively, longitudinal study of ward culture could be used as in intervention for 'unfreezing' rigid practices and providing feedback to staff as they embark upon a programme of change. Wolfe (1988) has reported a recent study of an American military hospital based in West Germany where he was able to act as a change agent by intervening in the organisation's language and meaning system. To assist staff in exploring power relationships in the hospital, Wolfe constructed a workshop to give participants insights into their styles of interpersonal communication and group styles for problem- solving interaction. The workshop was based on a modified 'fishbowl' situation (Fordyce and Weil, 1971) where two groups (an inner discussion and problem-solving group and an outer observer (feedback group) are given assignments; the inner group has to use group interactions to discover solutions to a task, whilst members of the outer group are asked to observe and give feedback, at the request of the inner group, on their styles of interaction and problem solving. Wolfe asserts that with sensitive appreciation of the referent and the role of language and meaning in the organisation, it was possible to intervene constructively as a consultant, to assist staff in overcoming dysfunctional power relationships.

Clearly there are potential benefits in repeat consultation session, of this type over time. Research benefits include the opportunity to explore perceptions and monitor progress at regular intervals, whilst from an educational standpoint, workshops could easily be incorporated in a planned programme of staff development. There are many other

avenues for research on organisational culture in nursing that have yet to be explored, e.g. the study of myths, symbols and language. The preceding suggestions of ethnographic studies, large scale comparative study and longitudinal study are proposed as key areas for development in nursing research that are applicable to the geriatric long stay area.

Management

Though the present study has focused on ward management *as* practice, findings relating to staff deployment patterns and the personal characteristics of nursing staff suggest that some aspects of the organisation of hospital wards could be enhanced by planned management interventions.

In view of the positive association between age, openness and satisfaction consideration of age mix when appointing staff to a ward may offer benefits to the organisational milieu of recruiting wards, providing equal opportunity policies are observed. Strategies might include attempting to balance the ward complement of 'junior' and 'mature' staff, or striving, on a hospital wide basis, to encourage mature entrants to the geriatric long stay field, by offering, for example, 'back to nursing' courses.

Further support for the continuing advancement of nurses' organisational skills could be offered through staff development programmes which include regular feedback sessions to all grades of nursing staff. For junior staff and new recruits, staff development might include a probationary period of, for example, six months, during which trained staff, especially Staff Nurses, are always on duty with a senior nurse, so that they have an opportunity to observe and understand both

the organisational culture of the ward and the organisational skills of the ward leaders. By actively addressing and recognising the management function of ward staff, nurse managers could thereby help to promote an organizational culture in which there is a clear commitment to participative management at all levels.

Education

The discovery of age and grade differences in nursing staff's perceptions of openness and job satisfaction levels suggests that there is scope for educational intervention in the promotion of participative management practices in geriatric long stay wards. Smith and Peterson (1988) have recently described a management model for understanding leadership in its cultural context, in which they challenge the assumption that leadership over others is a one way process, and assert that reading the culture of an organisation is the key element in all types of leadership.

If nursing staff can describe leadership styles and participative decision-making processes that are appropriate to management situations that commonly arise in geriatric long-stay wards, this knowledge could then be integrated with the management preparation of those nurses who have responsibility for leadership: Charge Nurse/Sisters, Staff Nurses and Enrolled Nurses. If one also accepts that successful leadership is a two way process, then it is equally important that Enrolled Nurses and Nursing Auxiliaries are encouraged to contribute actively in information-sharing and decision-making processes.

Ways in which both groups could be encouraged to develop interpersonal skills that facilitate participative management involve the inclusion of a ward management component in the induction courses of

all recruits to geriatric long-stay wards. Whilst the interpersonal leadership skills of a Staff Nurse may differ from the skills that the Nursing Auxiliary requires to enhance her contribution to the organisation of a ward, a planned programme of staff preparation, outlining aims and objectives in management, as well as patient care, is likely to reduce conflicting perceptions and generate a shared sense of purpose among ward members.

As well as preparing new recruits for the organisational environment they are about to enter, it is suggested that there is also a need to up-date nurses, in post, on changing managerial practices. Though the value of continuing education has long been recognised in relation to nursing practice, there has been a tendency to assume that nursing management could be learned on the job, with first line management courses being non-mandatory and seen as an 'end' rather than a 'beginning', in the formal management preparation of registered nurses.

Clearly there are resource implications in any suggested expansion of educational input for ward based nursing staff. One approach to developing the interpersonal skill repertoire of nursing staff in relation to management would be to develop ward based programmes of in-service education, where staff learning could be shared and opportunities created for joint discussion, among all grades, of the implications of proposed changes in organisational and nursing practice. This would not only accommodate the difficulties of releasing nursing staff from wards to attend in-service lectures, but it would help to ensure that teaching was relevant to the particular context in which staff work and would provide a first stage in the participative management process.

In view of the resource implications of any planned programme of in-service education, it is desirable that there is an express commitment from management to support such developments. If the acquisition of leadership, management and interpersonal skills were identified as an integral and essential part of staff development programmes, the time required for participating in management education programmes could be incorporated in the calculation of nurse staffing establishments. Though there would be an initial cost in terms of staff time, other research reports and the present study suggest that such a move would constitute a substantial investment for the future, both in improving satisfaction levels among nursing staff who work in geriatric long-stay wards and in providing nurses with a skill base that is relevant to wider management arenas.

Practice

The characteristics of participative management described by Likert (1961) provide examples of managerial practices that can be readily incorporated in the organisation of hospital wards. Group discussion, shared decision-making and involvement of each grade in goal planning can all be achieved using existing mechanisms of staff report sessions, though clearly there has to be a commitment from ward leaders to ensuring that sessions are used to promote two-way communications, as well as giving directions for patient care.

Though primary nursing had not been introduced in any of the study wards at the time of data collection, the principles enshrined in participative managerial practice are consistent with both the evaluative and reflective aspects of the nursing process, and the trend towards

increasing responsibility and accountability in decision-making that distinguishes primary nursing. Further to the NHS and Community Care Act, 1990, the continuing care of elderly people is likely to be delivered in a new context (independent sector nursing home), with a prevailing management ethos that may be substantially different from that of the geriatric long stay ward.

However, the nursing staff complements are likely to be similar in the new care settings and the same principles of management are likely to obtain. Besides the benefits to communication of increasing information flow in all directions, advances in skill acquisition that are attendant on increased participation are likely to enhance, rather than undermine, the coordination and control function of ward leaders. Whilst 'holistic' nursing has emphasised the social and psychological support needs of individual patients, the orientation to 'person' has not always been evident in directives for nursing organisation, and the introduction of participative management provides a first step towards creating ward cultures that can be 'therapeutic' for all concerned.

RECOMMENDATIONS

The following recommendations are suggested by the research findings, in light of the study limitations. The principal recommendations are:

1. Multiple approaches to inductive theorizing, including the adoption of theories borrowed from disciplines other than nursing, should be further encouraged.

2. The concept of organisational culture, and the adoption of the communication rules approach, should be further developed in ethnographic, longitudinal and large scale comparative studies of nursing organisation in hospital wards and other contexts providing long stay care for elderly people.

3. Participative management, and the development of associated organisational and interpersonal skills should be further assessed among ward based nursing staff.

4. Research on organisational culture should be developed to provide tools to monitor and evaluate the impact of organisational change.

APPENDIX 1

Organizational and Performance Characteristics of Different Management Systems

Organizational and Performance Characteristics of different Management Systems Based on a Comparative Analysis

Pilot Study Question Number	*Operating characteristics*	*System of Organisation*			
		Authoritative			*Participative*
		Exploitive authoritative	*Benevolent authoritative*	*Consultative*	*Participative group*
	1. Character of motivational forces				
26, 79	a. Underlying motives tapped	Physical security, economic security, and some use of the desire for status	Economic and occasionally ego motives, e.g., the desire for status	Economic, ego, and other major motives, e.g., desire for new experience	Full use of economic ego, and other major motives, as, for example, motivational forces arising from group processes
31	b. Manner in which motives are used	Fear, threats, punishment, and occasional rewards	Rewards and some actual or potential punishment	Rewards, occasional punishment, and some involvement	Economic rewards based on compensation system developed through participation. Group participation and involvement in setting goals, improving methods, appraising progress toward goals, etc.

Operating characteristics		System of Organisation			
		Authoritative			Participative
		Exploitive authoritative	Benevolent authoritative	Consultative	Participative group
36, 37, 80, 81, 102 (-ve)	c. Kinds of attitudes developed toward organization and its goals	Attitudes usually are hostile and counter to organization's goals	Attitudes are sometimes hostile and counter to organization's goals and are sometimes favourable to the organization's goals and support the behaviour necessary to achieve them	Attitudes may be hostile but more often are favourable and support behaviour implementing organization's goals	Attitudes generally are strongly favourable and provide powerful stimulation to behaviour implementing organizations' goals
52, 86, 87, 106, 107	d. Extent to which motivational forces conflict with or reinforce one another	Marked conflict of forces substantially reducing those motivational forces leading to behaviour in support of the organization's goals	Conflict often exists; occasionally forces will reinforce each other, at least partially	Some conflict, but often motivational forces will reinforce each other	Motivational forces generally reinforce each other in a substantial and cumulative manner
32	e. Amount of responsibility felt by each member of organization for achieving organization's goals	High levels of management feel responsibility; lower levels feel less. Rank and file feel little and often welcome opportunity to behave in ways to defeat organization's goals	Managerial personnel usually feel responsibility; rank and file usually feel relatively little responsibility for achieving organization's goals	Substantial proportion of personnel feel responsibility and generally behave in ways to achieve the organization's goals	Personnel feel real responsibility for organization's goals and are motivated to be have in ways to implement them

Operating characteristics		System of Organisation: Authoritative — Exploitive authoritative	Authoritative — Benevolent authoritative	Participative — Consultative	Participative — Participative group
40, 76 (-ve), 77 (-ve), 82	f. Attitudes toward other members of the organization	Subservient attitudes toward superiors coupled with hostility; hostility toward peers and contempt for subordinates; distrust is widespread	Subservient attitudes toward superiors; competition for status resulting in hostility toward peers; condescension toward subordinates	Cooperative, reasonably favourable attitudes toward others in organization; may be some competition between peers with resulting hostility and some condescension toward subordinates	Favourable, cooperative attitudes throughout the organization with mutual trust and confidence
29, 30, 97	g. Satisfactions derived	Usually dissatisfaction with membership in the organization, with supervision, and with one's own achievements	Dissatisfaction to moderate satisfaction with regard to membership in the organization, supervision, and one's own achievements	Some dissatisfaction to moderately high satisfaction with regard to membership in the organization, supervision, and one's own achievements	Relatively high satisfaction throughout the organization with regard to membership in the organization, supervision, and one's own achievements
	2. Character of communication process				
27, 34, 88	a. Amount of interaction and communication aimed at achieving organizations objectives	Very little	Little	Quite a bit	Much with both individuals and groups
28	b. Direction of information flow	Downward	Mostly downward	Down and up	Down, up, and with peers

Operating characteristics	*System of Organisation*			
	Authoritative		*Participative*	
	Exploitive authoritative	*Benevolent authoritative*	*Consultative*	*Participative group*
	c. Downward communication			
15, 16	(1) Where initiated	At top of organization or to implement top directive	Primarily at top or patterned on communication from top	Patterned on communication from top but with some initiative at lower levels	Initiated at all levels
20	(2) Extent to which communications are accepted by subordinates	Viewed with great suspicion	May or may not be viewed with great suspicion	Often accepted but at times viewed with suspicion. May or may not be openly questioned	Generally accepted, but if not, openly and candidly questioned
	d. Upward communication				
59, 109	(1) Adequacy of upward communication via line organization	Very little	Limited	Some	A great deal
35, 42, 101	(2) Subordinates' feeling of responsibility for initiating accurate upward communications	None at all	Relatively little, usually communicates "filtered" information but only when requested. May "yes" the boss	Some to moderate degree of responsibility to initiate accurate upward communication	Considerable responsibility felt and much initiative. Group communicates all relevant information

Operating characteristics		System of Organisation			
		Authoritative			Participative
		Exploitive authoritative	Benevolent authoritative	Consultative	Participative group
51	(3) Forces leading to accurate or distorted information	Powerful forces to distort information and deceive superiors	Occasional forces to distort; also forces for honest communication	Some forces to distort along with many forces to communicate accurately	Virtually no forces to distort and powerful forces to communicate accurately
	(4) Accuracy of upward communication via line	Tends to be inaccurate	Information that boss wants to hear flows; other information is restricted and filtered	Information that boss wants to hear flows; other information may be limited or cautiously given	Accurate
95, 105	(5) Need for supplementary upward communication system	Need to supplement upward communication by spy system, suggestion system, or some similar devices	Upward communication often supplemented by suggestion system and similar devices	Slight need for supplementary system; suggestion system may be used	No need for any supplementary system
43, 46, 47	e. Sideward communication, its adequacy and accuracy	Usually poor because of competition between peers and corresponding hostility	Fairly poor because of competition between peers	Fair to good	Good to excellent
21	f. Psychological closeness of superiors to subordinates (i.e., how well does superior know and understand problems faced by subordinates?	Far apart	Can be moderately close if proper roles are kept	Fairly close	Usually very close

Operating characteristics		System of Organisation			
		Authoritative			Participative
		Exploitive authoritative	Benevolent authoritative	Consultative	Participative group
22	(1) Accuracy of perceptions by superiors and subordinates	Often in error	Often in error on some points	Moderately accurate	Usually quite accurate
	3. Character of interaction-influence process				
17, 18, 90 (-ve)	a. Amount and character of interaction	Little interaction and always with fear and distrust	Little interaction and usually with some condescension by superiors; fear and caution by subordinates	Moderate interaction, often with fair amount of confidence and trust	Extensive, friendly interaction with high degree of confidence and trust
49, 61 (-ve), 62 (-ve), 89	b. Amount of cooperative teamwork present	None	Virtually none	A moderate amount	Very substantial amount throughout the organization
	c. Extent to which subordinates can influence the goals, methods, and activity of their units and departments				
83	(1) As seen by superiors	None	Virtually none	Moderate amount	A great deal

Operating characteristics		System of Organisation			
		Authoritative			Participative
		Exploitive authoritative	Benevolent authoritative	Consultative	Participative group
19, 55	(2) As seen by subordinates	None except through "informal organization" or via unionization	Little except through "informal organization" or via unionization	Moderate amount both directly and via unionization	Substantial amount both directly and via unionization
104	d. Amount of actual influence which superiors can exercise over the goals, activity, and methods of their units and departments	Believed to be substantial but actually moderate unless capacity to exercise severe punishment is present	Moderate to somewhat more than moderate, especially for higher levels in organization	Moderate to substantial, especially for higher levels in organization	Substantial but often done indirectly, as, for example, by superior building effective interaction-influence system
23, 24, 56, 112, 113	e. Extent to which an adequate structure exists for the flow of information from one part of the organization to another, thereby enabling influence to be exerted	Downward only	Almost entirely downward	Largely downward but small to moderate capacity for upward and between peers	Capacity for information to flow in all directions from all levels and for influence to be exerted by all units on all units
	4. Character of decision-making process				

Operating characteristics		System of Organisation			
		Authoritative			Participative
		Exploitive authoritative	Benevolent authoritative	Consultative	Participative group
33 (-ve)	a. At what level in organization are decisions formally made?	Bulk of decisions at top of organization	Policy at top, many decisions within prescribed framework made at lower levels	Broad policy and general decisions at top, more specific decisions at lower levels	Decision making widely done throughout organization, although well integrated through linking process provided by overlapping groups
60	b. How adequate and accurate is the information available for decision making at the place where the decisions are made?	Partial and often inaccurate information only is available	Moderately adequate and accurate information available	Reasonably adequate and accurate information available	Relatively complete and accurate information available based on measurements and efficient flow of information in organization
50	c. To what extent are decision makers aware of problems, particularly those at lower levels in the organization?	Often are unaware or only partially aware	Aware of some, unaware of others	Moderately aware of problems	Generally quite well aware of problems
91, 92 , 93, 94	d. Extent to which technical and professional knowledge is used in decision making	Used only if possessed at higher levels	Much of what is available in higher and middle levels is used	Much of what is available in higher, middle, and lower levels is used	Most of what is available anywhere within the organization is used

Operating characteristics	System of Organisation			
	Authoritative			Participative
	Exploitive authoritative	Benevolent authoritative	Consultative	Participative group
	e. Are decision made at the best level in the organization so far as			
58 (-ve), 100	(1) Having available the most adequate and accurate information bearing on the decision?	Decisions usually made at levels appreciably higher than levels where most adequate and accurate information exists	Decisions often made at levels appreciably higher than levels where most adequate and accurate information exists	Some tendency for decisions to be made at higher levels than levels where most adequate and accurate information exists	Overlapping groups and group decision processes tend to push decisions to point where information is most adequate or to pass the relevant information to the decision making point
44 (-ve)	(2) The motivational consequences (i.e., does the decision-making process help to create the necessary motivations in those persons who have to carry out the decision?)	Decision making contributes little or nothing to the motivation to implement the decision, usually yields adverse motivation	Decision making contributes relatively little motivation	Some contribution by decision making to motivation to implement	Substantial contribution by decision processes making to motivation to implement
41 (-ve), 108	f. Is decision making based on man-to-man or group pattern of operation? Does it encourage or discourage teamwork?	Man-to-man only, discourages teamwork	Man-to-man almost entirely, discourages teamwork	Both man-to-man and group, partially encourages teamwork	Largely based on group pattern, encourages teamwork

Operating characteristics		System of Organisation			
		Authoritative			Participative
		Exploitive authoritative	Benevolent authoritative	Consultative	Participative group
	5. Character of goal-setting or ordering				
78 (-ve)	a. Manner in which usually done	Orders issued	Orders issued, opportunity to comment may not or may exist	Goals are set or orders issued after discussion with subordinate(s) of problems and planned action	Except in emergencies, goals are usually established by means of group participation
38 (-ve), 39 (-ve)	b. To what extent to the different hierarchical levels tend to strive for high performance goals?	High goals pressed by top, resisted by subordinates	High goals sought by top and partially resisted by subordinates	High goals sought by higher levels but with some resistance by lower levels	High goals sought by all levels, with lower levels sometimes pressing for higher goals than top levels
45 (-ve)	c. Are there forces to accept, resist, or reject goals?	Goals are overtly accepted but are covertly resisted strongly	Goals are overtly accepted but often covertly resisted to at least a moderate degree	Goals are overtly accepted but at times with some covert resistance	Goals are fully accepted both overtly and covertly
	6. Character of control processes				
53 (-ve), 54 (-ve)	a. At what hierarchical levels in organization does major or primary concern exist with regard to the performance of the control function?	At the very top only	Primarily or largely at the top	Primarily at the top but some shared feeling of responsibility felt at middle and to a lesser extent at lower levels	Concern for performance of control function likely to be felt throughout organization

Operating characteristics		System of Organisation			
		Authoritative			Participative
		Exploitive authoritative	Benevolent authoritative	Consultative	Participative group
48	b. How accurate are the measurements and information used to guide and perform the control function, and to what extent do forces exist in the organization to distort and falsify this information?	Very strong forces exist to distort and falsify; as a consequence, measurements and information are usually incomplete and often inaccurate	Fairly strong forces exist to distort and falsify; hence measurements and information are often incomplete and inaccurate	Some pressure to protect self and colleagues and hence some pressures to distort; information is only moderately complete and contains some inaccuracies	Strong pressures to obtain complete and accurate information to guide own behaviour and behaviour of own and related work groups, hence information and measurements tend to be complete and accurate
57 (-ve), 110, 111	c. Extent to which the review and control functions are concentrated	Highly concentrated in top management	Relatively highly concentrated, with some delegated control to middle and lower levels	Moderate downward delegation of review and control processes; lower as well as higher levels feel responsible	Quite widespread responsibility for review and control, with lower units at times imposing more rigorous reviews and tighter controls than top management
75 (-ve), 84, 85	d. Extent to which there is an informal organization present and supporting or opposing goals of formal organization	Information organization present and opposing goals of formal organization	Informal organization usually present and partially resisting goals	Informal organization may be present and may either support or partially resist goals of formal organization	Informal and formal organization are one and the same; hence all social forces support effort to achieve organization's goals
	7. Performance characteristics				

Operating characteristics		System of Organisation			
		Authoritative			Participative
		Exploitive authoritative	Benevolent authoritative	Consultative	Participative group
63-74 incl, 96, 98 (-ve), 103	a. Productivity	Mediocre productivity	Fair to good productivity	Good productivity	Excellent productivity
114	b. Excessive absence and turnover	Tends to be high when people are free to move	Moderately high when people are free to move	Moderate	Low
	c. Scrap loss and waste	Relatively high unless policed carefully	Moderately high unless policed	Moderate	Members themselves will use measurements and other steps in effort to keep losses to a minimum
25 (-ve)	d. Quality control and inspection	Necessary for policing	Useful for policing	Useful as a check	Useful to help workers guide own efforts

* *From Likert, R. (1961): New Patterns of Management, Table 14-1, pp. 223-233. Used with permission.*

APPENDIX 2

Pilot Study Sample Selection: Information Request

WARD ORGANISATION AND NURSING STAFF SATISFACTION IN THE GERIATRIC LONG-STAY AREA

Requested information: A recent copy of the ward duty rota, with full ward address, from every Geriatric Long-Stay ward in each unit in one Health Board. This will be used to randomly select six members of nursing staff who will then be sent a postal questionnaire in January 1986. Please mark with a tick those members of trained staff who are left in charge of the ward on a regular basis (at least once a week).

APPENDIX 3

Interview schedule: pilot study

INTERVIEW SCHEDULE: PILOT STUDY

1. How did you come to be working in a geriatric long stay ward?

2. Is your experiene of work in a geriatric long stay ward what you expected?

3. What do you think influences ward morale most?

4. What is your main source of information about changes in the ward ... for example the ward report, care plans or informal discussion with colleagues?

5. What change, in your view, would be most likely to make your ward better for the future.

APPENDIX 4

Questionnaire and supporting proforma: pilot study

WARD ORGANISATION AND NURSING STAFF SATISFACTION IN THE GERIATRIC LONG-STAY AREA

Summary of Proposed Research.

The main objective of the proposed study is to identify the effects of different patterns of ward organisation upon the levels of job satisfaction experienced by nursing staff in geriatric long-stay wards. In particular, the study will focus on the flow of information and decision-making among trained nurses and nursing auxiliaries. Both interviews and questionnaires will be used to explore patterns of communication and job satisfaction. In order to describe existing organisational patterns in wards and identify potential areas of development, three research questions have been formulated:

1. What patterns of ward organisation have nursing staff developed in geriatric long-stay wards?
2. Is there a relationship between a ward's organisational pattern and the responses of staff members to their work situation, as shown by their levels of job satisfaction?
3. Do different grades of nursing staff perceive the organisational pattern in a similar way?

The project will involve two phases of data collection:

- In-depth interview of a small number of ward nursing staff about their view of ward organisation.
- A survey, by questionnaire, of permanent ward nursing staff's perception of their ward organisation and their levels of job satisfaction.

It is hoped, if time permits, to return to selected wards for elaboration of survey findings by further interviewing of staff. The work is being carried out under the supervision of Professor P. Prophit and Dr. F. I. Atkinson of the Department of Nursing Studies, University of Edinburgh.

FIONA E. SHAW
SHHD NURSING RESEARCH TRAINING FELLOW

WARD ORGANISATION AND NURSING STAFF SATISFACTION IN THE GERIATRIC LONG-STAY AREA

QUESTIONNAIRE: PILOT STUDY

The attached questionnaire is part of a study which explores the patterns of ward organisation that presently exist in geriatric long-stay wards. The questionnaire is in three sections (A, B and C) which focus on information about yourself, your satisfaction with your job and your view of the ward that you are currently working in.

In order to get a wide representation of nursing staff's views, it would be helpful if you would complete each section as fully as possible, including any additional comments that you might wish to make. Once the collection of information is complete, the coding key which allows individual names to be identified will be destroyed to maintain full protection of confidentiality.

Thank you very much for your help.

FIONA E. SHAW
SHHD NURSING RESEARCH TRAINING FELLOW.

SECTION A

CODE WARD ☐☐ CASE ID ☐☐☐ COL 1-5

This section concerns information about your education and experience. Please use the blank page at the end of the questionnaire if you wish to add to your comments.

1. Please indicate your gender.
(ring appropriate number)

Female 1
Male 2 — 6

2. Please tick the age-group to which you belong.

Less than 20 years	☐	1
20-29 years	☐	2
30-39 years	☐	3
40-49 years	☐	4
50-59 years	☐	5
60 years or more	☐	6 — 7

3. Please indicate your current designation.
(Tick appropriate box)

Charge Nurse/Sister	☐	1
Staff Nurse	☐	2
Enrolled nurse	☐	3
Nursing Auxiliary	☐	4 — 8

4. If you have attended any of the following courses please indicate below:
(Tick appropriate box/boxes)

Care of the Elderly(C.C.N.S.)	☐	9
First Line Management	☐	10
Introductory Training(Nursing auxiliary)	☐	11
None	☐	12
In-service Training (please give length and content of in-service training courses)	☐	13
		14-15
Other(please specify below)	☐	16
		17-18

cont....

5. How long have you been on your present ward?
(Tick appropriate box)

Less than 1 year	☐	1
1–2 years	☐	2
3–4 years	☐	3
5–9 years	☐	4
10 years or more	☐	5

19

6. Do you have experience of hospital nursing other than the ward in which you currently work?
(write *yes* or *no* in box) ☐

20

Give details....

21–22

7. What other experience have you had caring for elderly people?
(Tick appropriate box/boxes)

Professional	☐	23
Voluntary	☐	24
Family involvement	☐	25
Other	☐	26

Please describe this experience....

27–28

The following questions are concerned with your view of the influences on ward morale:

8. Please describe the kind of day that you would regard as a good day on the ward.

29–30

9. Please describe the kind of day that you would regard as a bad day on the ward.

31–32

cont....

SECTION B

CODE WARD ☐☐ CASE ID ☐☐☐ COL 1-5

This section concerns your present level of satisfaction with your work. Please indicate your response by ticking (✓) the answer which best describes how you feel.

10. **All in all, how satisfied would you say you are with your job?**

- Very satisfied ☐ 1
- Somewhat satisfied ☐ 2
- Not too satisfied ☐ 3
- Not at all satisfied ☐ 4

33

11. **If you were free to go to any type of job you wanted, what would your choice be?**

- Would want the job you have now ☐ 1
- Would want to retire and not work at all ☐ 2
- Would prefer some other job to the job you have now ☐ 3

34

12. **Knowing what you know now, if you had to decide all over again whether to take the job you now have, what would you decide?**

- Decide without hesitation to take the same job ☐ 1
- Have some second thoughts ☐ 2
- Decide definitely not to take the same job ☐ 3

35

13. **In general how well would you say that your job measures up to the sort of job you wanted when you took it?**

- Very much like the job you wanted ☐ 1
- Somewhat like the job you wanted ☐ 2
- Not very much like the job you wanted ☐ 3

36

14. **If a good friend of yours told you he or she was interested in working in a job like yours, what would you tell him or her?**

- Would strongly recommend it ☐ 1
- Would have doubts about recommending it ☐ 2
- Would advise the friend against it ☐ 3

37

cont....

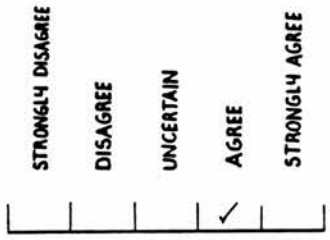
CODE WARD ☐☐ CASE ID ☐☐☐ COL 1-5

This section asks for your views of what generally happens in your ward. Some terms have special meanings for the purpose of the questionnaire.

- **senior ward nurses**: the nurses who are regularly left in charge of organising ward work.
- **ward staff**: qualified nurses and nursing auxiliaries who are rarely, or never, left in charge of organising ward work.
- **nursing staff**: all permanent nursing staff working on the ward.

Please show with a tick (✓) the answer that best describes your level of agreement or disagreement with each of the statements in the survey.

For example, if you thought that there were always too few staff, you might show your agreement in this way:



It is usual here–

A. For the ward to be short-staffed ✓

It is usual here–

15. For **senior ward nurses** to readily give **me** constructive comments about my work. 38
16. For **ward staff** to readily give **me** constructive comments about my work. 39
17. For **senior ward nurses** to offer **me** help when I have personal problems. 40

cont....

SECTION C

	STRONGLY DISAGREE	DISAGREE	UNCERTAIN	AGREE	STRONGLY AGREE	
18. For **ward staff** to offer **me** help when I have personal problems.						41
19. For **senior ward nurses** to readily accept constructive comments from **me** about their work.						42
20. For **ward staff** to readily accept constructive comments from **me** about their work.						43
21. For **senior ward nurses** to be aware when **ward staff** have personal problems.						44
22. For **ward staff** to be aware when **senior ward nurses** have personal problems.						45
23. For **patients** to share their personal problems with **senior ward nurses.**						46
24. For **patients** to share their personal problems with **ward staff.**						47
25. For **senior ward nurses** to be checking up on **ward staff.**						48
26. For **ward staff** to get positive feedback from **senior ward nurses** on how they are working.						49
27. For **senior ward nurses** and **ward staff** to have regular group discussions about policy issues affecting staff.						50
28. For **senior ward nurses** and **ward staff** to have regular group discussions about the ward's nursing aims for each patient.						51
29. For **senior ward nurses** to be pleased to be associated with this ward team.						52
30. For **ward staff** to be pleased to be associated with this ward team.						53
31. For **senior ward nurses** to consult the **ward staff** when setting the ward's long term goals.						54
32. For **ward staff** to want to be involved in setting the ward's long term goals.						55
33. For **senior ward nurses** to decide about how **ward staff** should organise their work.						56
34. For **senior ward nurses** to regularly report						

cont....

SECTION C

	STRONGLY DISAGREE	DISAGREE	UNCERTAIN	AGREE	STRONGLY AGREE	
to the **ward staff** about how the ward is progressing towards its long term goals.						57
35. For **ward staff** to regularly report to **senior ward nurses** on their progress towards achieving the ward's long term goals.						58
36. For **senior ward nurses** to see the long-term goals as truly realistic.						59
37. For **ward staff** to see the long-term goals as truly realistic.						60
38. For **senior ward nurses** to see it as 'up to them' to ensure that long-term goals are achieved.						61
39. For **ward staff** to see it as 'up to them' to ensure that long-term goals are achieved.						62
40. For the relationship between **ward staff** and **senior ward nurses** to be one of mutual trust and confidence.						63
41. For individual **senior ward nurses** to discuss patient aims with individual members of **ward staff**.						64
42. For individual members of **ward staff** to initiate discussions of patient aims with **senior ward nurses**.						65
43. For individual members of **ward staff** to initiate discussion of patient aims with each other.						66
44. For **senior ward nurses** to appear to accept the suggestions of **ward staff** but privately question them.						67
45. For **ward staff** to appear to accept the suggestions of **senior ward nurses** but privately question them.						68
46. For **senior ward nurses** to communicate well with each other.						69
47. For **ward staff** to communicate well with each other.						70
48. For **senior ward nurses** and **ward staff** to communicate well with each other.						71

cont....

SECTION C

	STRONGLY DISAGREE	DISAGREE	UNCERTAIN	AGREE	STRONGLY AGREE	
49. For there to be an atmosphere of co-operative teamwork.						72
50. For **senior ward nurses** to have a clear perception of **ward staff**'s problems.						73
51. For **ward staff** to have a clear perception of **senior ward nurses**' problems.						74
52. For **nursing staff** to share an agreed sense of purpose.						75
53. For **senior ward nurses** to see it as 'up to them' to ensure that aims for individual patients are achieved.						76
54. For **ward staff** to see it as 'up to them' to ensure that aims for individual patients are achieved.						77
55. For **ward staff** to be in a position to influence the way things are done.						78
56. For **ward staff** to actually influence the way things are done.						79
57. For decision-making about patient care to be the responsibility of **senior ward nurses**.						80

RECORD 2

58. For responsibility for decision-making to rest with the staff attending the patient.						1
59. For **senior ward nurses** to be given enough information from **ward staff** for fully confident decision-making.						2
60. For **ward staff** to be given enough information from **senior ward nurses** for fully confident decision-making.						3
61. For **senior ward nurses** to stick strictly to administrative work.						4
62. For **ward staff** to stick strictly to the jobs they have been assigned.						5
63. For **senior ward nurses** to have a good relationship with patients.						6

cont....

SECTION C

	STRONGLY DISAGREE	DISAGREE	UNCERTAIN	AGREE	STRONGLY AGREE	
64. For **ward staff** to have a good relationship with patients.						7
65. For **senior ward nurses** to have a good relationship with their nursing superiors.						8
66. For **ward staff** to have a good relationship with their nursing superiors.						9
67. For **senior ward nurses** to have a good relationship with patients' relatives.						10
68. For **ward staff** to have a good relationship with patients' relatives.						11
69. For **senior ward nurses** to have a good relationship with medical staff.						12
70. For **ward staff** to have a good relationship with medical staff.						13
71. For **senior ward nurses** to have a good relationship with physiotherapists, occupational therapists etc.						14
72. For **ward staff** to have a good relationship with physiotherapists, occupational therapists etc.						15
73. For **senior ward nurses** to establish good relationships with nurse learners.						16
74. For **ward staff** to establish good relationships with nurse learners.						17
75. For the 'grape-vine' to be the best means of learning what is happening in the rest of the hospital.						18
76. For **senior ward nurses** to have a sense of isolation from other **senior ward nurses**.						19
77. For **ward staff** to have a sense of isolation from other **ward staff**.						20
78. For **ward staff** to feel that they are treated as 'just a pair of hands'.						21
79. For **senior ward nurses** to make a strong effort to involve and motivate people.						22
80. For **senior ward nurses** to like the kind of work they are doing.						23

cont....

SECTION C

	STRONGLY DISAGREE	DISAGREE	UNCERTAIN	AGREE	STRONGLY AGREE	
81. For **ward staff** to like the kind of work they are doing.						24
82. For work-loads to be evenly distributed.						25
83. For authority to be delegated appropriately.						26
84. For **senior ward nurses'** good work to be recognised.						27
85. For **ward staff's** good work to be recognised.						28
86. For **senior ward nurses** to be equally concerned for staff and patients						29
87. For **ward staff** to be equally concerned for staff and patients.						30
88. For hospital policies to be helpful, well understood and up-to-date.						31
89. For **nursing staff** to share responsibility when something goes wrong.						32
90. For **nursing staff** to look for someone to blame when something goes wrong.						33
91. For new staff to learn about ward routines from **senior ward nurses**.						34
92. For new staff to learn about ward routines from **ward staff**.						35
93. For **ward staff** to learn about new procedures from each other.						36
94. For **ward staff** to learn about new procedures from **senior ward nurses**.						37
95. For **ward staff** to express their views to **senior ward nurses** about hospital policies and procedures.						38
96. For this ward to have a good reputation among patients.						39
97. For **me** to get a sense of personal achievement from my work.						40
98. For **nursing staff's** main achievement to be						

cont....

SECTION C

	STRONGLY DISAGREE	DISAGREE	UNCERTAIN	AGREE	STRONGLY AGREE	
'getting through' the work.						41
99. For **nursing staff**'s need for knowledge to be adequately met.						42
100. For **senior ward nurses** to suggest practical ideas for improving methods of patient care.						43
101. For **ward staff** to suggest practical ideas for improving methods of patient care.						44
102. For other nurses to regard this kind of work as second-rate.						45
103. For other nurses to regard this as a good ward for patient-care.						46
104. For the ward's 'suggestion' system to be adequate for **senior staff**'s needs.						47
105. For the ward's 'suggestion' system to be adequate for **ward staff**'s needs.						48
106. For **senior ward nurses** to see the patients as being generally similar to themselves.						49
107. For **ward staff** to see the patients as being generally similar to themselves.						50
108. For **senior ward nurses** to discuss staff issues on an individual basis with **ward staff**.						51
109. For **ward staff** to discuss staff issues on an individual basis with **senior ward nurses**.						52
110. For **senior ward nurses** to regularly review the quality of care that patients receive.						53
111. For **ward staff** to regularly review the quality of care that patients receive.						54
112. For **senior ward nurses** to meet **senior ward nurses** from other wards informally. (e.g. at meal-breaks).						55
113. For **ward staff** to meet **ward staff** from other wards informally. (e.g. at meal-breaks).						56
114. For other nurses to regard this as a happy ward.						57

APPENDIX 5

Questionnaire and supporting letters: main study

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telex 727442
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Head of Department
Professor Penny Prophit
BSN, MSN, DNSc, PhD

Correspondence to:
12 Buccleuch Place

Dear

WARD ORGANISATION AND NURSING STAFF SATISFACTION IN THE GERIATRIC LONG-STAY AREA

You may be aware that the above research is being carried out in several Health Boards in Scotland.

As part of the study I am asking nursing staff, who have been selected randomly from geriatric long-stay wards, to complete the enclosed questionnaire.

Most of the questions simply involve ticking your choice of answer and a few ask for your ideas and opinions. Some questions may not apply to you but these are clearly marked. The responses that you provide will be treated as confidential. Once all the questionnaires have been returned to me, the list of code numbers linking individual names will be destroyed so that all information received will be anonymous.

A stamped addressed envelope is enclosed for the return of your completed questionnaire. If you have any queries or you would like to know more about the purposes of the work, please contact me at the above address.

Yours sincerely,

FIONA SHAW
SHHD Nursing Research Training Fellow

Encs.

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Head of Department
Professor Penny Prophit
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Correspondence to:

12 Buccleuch Place

21st February 1986

Dear

WARD ORGANISATION AND NURSING STAFF SATISFACTION IN THE GERIATRIC LONG-STAY AREA

I write to inform you that I have not yet received the questionnaire that was sent to you for completion as part of the above research study.

I realise that you may not have had time to complete the questionnaire or that it may have gone astray but I am anxious to receive a response from each staff member included in the study, in order that all grades of staff are fully represented.

In case you did not receive my original communication I have enclosed a further copy of the questionnaire. As some of the original correspondence was found to exceed the second class postal weight limit, lightweight paper has been used to ensure that all replies will travel at the normal rate.

I look forward to hearing from you in the near future.

Yours sincerely

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SHHD Nursing Research Training Fellow

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Head of Department:
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12 Buccleuch Place

12th March, 1986.

Dear

WARD ORGANISATION AND NURSING STAFF SATISFACTION IN THE GERIATRIC LONG-STAY AREA

I write to advise you that the closing date for the above study is Monday, 24th March, 1986. All completed questionnaires that are received before that date will be included in the final analysis of the research.

If your copy of the questionnaire has been mislaid, please contact me at the above address and I will forward a further copy to you. Again I would urge you to reply soon, to ensure that your grade is fully represented.

I look forward to hearing from you.

Yours sincerely,

FIONA SHAW
SHHD Nursing Research Training Fellow

WARD ORGANISATION AND NURSING STAFF SATISFACTION IN THE GERIATRIC LONG-STAY AREA

QUESTIONNAIRE

The attached questionnaire is part of a study which explores the patterns of ward organisation that presently exist in geriatric long-stay wards. The questionnaire is in three sections (A, B and C) which focus on information about yourself, your satisfaction with your job and your view of the ward that you are currently working in.

In order to get a wide representation of nursing staff's views, it would be helpful if you would complete each section as fully as possible, including any additional comments that you might wish to make. The questionnaire normally takes about 30 minutes to complete.

Thank you very much for your help.

FIONA E. SHAW
SHHD NURSING RESEARCH TRAINING FELLOW.

SECTION A

2

WARD CASE ID

CODE | | | | | | | COL 1-6

This section concerns information about yourself, your education and your experience. Please use the blank page at the end of the questionnaire if you wish to add to your comments.

1. Please indicate your gender.
(ring appropriate number)

Female 1
Male 2

7

2. Please tick the age-group to which you belong.

Less than 20 years	☐	1
20-29 years	☐	2
30-39 years	☐	3
40-49 years	☐	4
50-59 years	☐	5
60 years or more	☐	6

8

3. Please indicate your current designation.
(Tick appropriate box)

Charge Nurse/Sister	☐	1
Deputy Charge Nurse/Sister	☐	2
Staff Nurse	☐	3
Senior Enrolled Nurse	☐	4
Enrolled nurse	☐	5
Nursing Auxiliary	☐	6

9

4. How many hours per week do you work?
(write number in box) ☐

10-12

5. If you have attended any of the following courses please indicate below:
(Tick appropriate box/boxes)

Care of the Elderly(C.C.N.S.)	☐	13
First Line Management	☐	14
Introductory Training(Nursing auxiliary)	☐	15
In-service Training- please give length and content of in-service training courses.	☐	16
None of the above courses	☐	17-18 / 19

If you have attended any other course relating to the care of the elderly please specify below.

20-21

cont

6. How long have you been on your present ward?
(Tick appropriate box)

Less than 1 year	☐	1
1–2 years	☐	2
3–4 years	☐	3
5–9 years	☐	4
10 years or more	☐	5

22

7. Do you have experience of hospital nursing other than on the ward in which you currently work? ☐
(write *yes* or *no* in box)

23

Give details....

24–25

8. What experience, other than nursing, have you had caring for elderly people?
(Tick appropriate box/boxes)

None	☐	26
Professional	☐	27
Voluntary	☐	28
Family involvement	☐	29
Other	☐	30

Please describe this experience....

31–33

The following questions are concerned with your view of what influences 'good' and 'bad' days on the ward:

9. Please describe the kind of day that you would regard as a good day on the ward.

34–36

Please describe the kind of day that you would regard as a bad day on the ward.

37–39

In a month of 30 days, how many days would you describe as

a)'a good day' on the ward?	☐	40–41
b)'a bad day' on the ward?	☐	42–43
c)a day that is neither 'a good day' nor 'a bad day?	☐	44–45

(write number in box/boxes)

cont...

QUESTIONS ON THIS PAGE SHOULD BE ANSWERED BY RESPONDENTS OF CHARGE NURSE/ SISTER GRADE ONLY. IF THIS DOES NOT APPLY TO YOU, MOVE ON TO QUESTION 16.

Your ward is described as Geriatric Long-Stay. Please supply the following details if you can, by filling in the box/boxes where appropriate.

10. Please specify the number of beds in your ward which are normally allocated to the following categories of patient:
(write number in box/boxes)

Female geriatric long-stay	☐	46-47
Male geriatric long-stay	☐	48-49
Other	☐	50-51

Please describe categories other than geriatric long-stay, where this applies (e.g. assessment, G.P. attached):

52-53

11. On average, how many members of day nursing staff, excluding nurse learners, are on duty.. a) on early/morning shift? ☐ 54-55
b) on late/evening shift? ☐ 56-57

Does your ward normally have an allocation of nurse learners? ☐ 58
(write *yes* or *no* in box)

12. Please indicate if you are using Nursing Process/Care Plans.
(ring appropriate number)
YES 1
NO 2 59

13. How often are formal ward report sessions held on day-duty? ☐☐ 60- 61
(write number of times per week in box/boxes)

Please give details of which grades of staff are normally included:
(Tick appropriate box/boxes)

Charge Nurse/Sister	☐	62
Staff Nurse	☐	63
Enrolled Nurse	☐	64
Nursing Auxiliary	☐	65

14. Is there a staff rotation policy in your hospital?
(ring appropriate number)
YES 1
NO 2 66

If so, what is the interval, in months, between rotations for each grade?

Charge Nurse/Sister	☐	67-68
Staff Nurse	☐	69-70
Enrolled Nurse	☐	71-72
Nursing Auxiliary	☐	73-74

15. Please give a brief description of your ward design.
(e.g. Nightingale, 30-bedded standard unit, upgraded medical ward)

75-77

cont...

SECTION B

This section concerns your present level of satisfaction with your work. Please indicate your response by ticking (✓) the answer which best describes how you feel.

16. All in all, how satisfied would you say you are with your job?

- Very satisfied ☐ 1
- Somewhat satisfied ☐ 2
- Not too satisfied ☐ 3
- Not at all satisfied ☐ 4

78

17. If you were free to go to any type of job you wanted, what would your choice be?

- Would want the job you have now ☐ 1
- Would want to retire and not work at all ☐ 2
- Would prefer some other job to the job you have now ☐ 3

79

18. Knowing what you know now, if you had to decide all over again whether to take the job you now have, what would you decide?

- Decide without hesitation to take the same job ☐ 1
- Have some second thoughts ☐ 2
- Decide definitely not to take the same job ☐ 3

80

RECORD 2

19. In general how well would you say that your job measures up to the sort of job you wanted when you took it?

- Very much like the job you wanted ☐ 1
- Somewhat like the job you wanted ☐ 2
- Not very much like the job you wanted ☐ 3

1

20. If a good friend of yours told you he or she was interested in working in a job like yours, what would you tell him or her?

- Would strongly recommend it ☐ 1
- Would have doubts about recommending it ☐ 2
- Would advise the friend against it ☐ 3

2

cont....

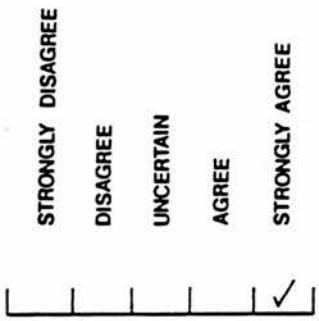
SECTION C

This section asks for your views of what generally happens in your ward. Some terms have special meanings for the purpose of the questionnaire.

- **senior ward nurses:** the nurses who are regularly left in charge of organising ward work.
- **ward staff:** qualified nurses and nursing auxiliaries who are rarely, or never, left in charge of organising ward work.
- **nursing staff:** all permanent nursing staff working on the ward.

Please show with a tick (✓) the answer that best describes your level of agreement or disagreement with each of the following statements.

For example, if you thought that there were always too few staff, you might show your agreement in this way:



It is usual here–

A. For the ward to be short-staffed ✓

It is usual here–

21. For **senior ward nurses** to involve the **ward staff** when setting the ward's long term goals. 3
22. For **ward staff** to readily give me constructive comments about ward work. 4
23. For **senior ward nurses** to offer me help when I have personal problems. 5
24. For **ward staff** to regularly report to **senior ward nurses** on their progress towards achieving the ward's long term goals. 6
25. For **senior ward nurses** to be reluctant to accept constructive comments from me about ward work. 7
26. For **ward staff** to get positive feedback from **senior ward nurses** on how they are working. 8

	STRONGLY DISAGREE	DISAGREE	UNCERTAIN	AGREE	STRONGLY AGREE	
27. For senior ward nurses and ward staff to have regular group discussions about policy issues affecting staff.						9
28. For nursing staff's need for knowledge to be adequately met.						10
29. For senior ward nurses to decide how ward staff should organise their work.						11
30. For ward staff to have a clear perception of senior ward nurses' problems.						12
31. For senior ward nurses to see it as 'up to them' to ensure that long-term goals are achieved.						13
32. For individual members of ward staff to seldom initiate discussion of patient aims with each other.						14
33. For senior ward nurses to appear to accept the suggestions of ward staff but privately question them.						15
34. For ward staff to appear to accept the suggestions of senior ward nurses but privately question them.						16
35. For ward staff to see it as 'up to them' to ensure that aims for individual patients are achieved.						17
36. For senior ward nurses to see the long-term goals as truly realistic.						18
37. For ward staff to be in a position to influence the way things are done.						19
38. For ward staff to actually influence the way things are done.						20
39. For responsibility for decision-making to seldom rest with the staff attending the patient.						21
40. For ward staff to stick strictly to the jobs they have been assigned.						22

cont....

	STRONGLY DISAGREE	DISAGREE	UNCERTAIN	AGREE	STRONGLY AGREE	
41. For the 'grape-vine' to be the best means of learning what is happening in the rest of the hospital.						23
42. For review of patient care to be the responsibility of senior ward nurses only.						24
43. For ward staff to seldom learn new routines from each other.						25
44. For nursing staff's main achievement to be 'getting through' the work.						26
45. For the ward's 'suggestion' system to be adequate for senior ward nurses' needs.						27
46. For the ward's 'suggestion' system to be inadequate for ward staff's needs.						28
47. For ward staff to see the patients as being generally similar to themselves.						29
48. For senior ward nurses to see the patients as being generally similar to themselves.						30
49. For senior ward nurses to seldom discuss staff issues on an individual basis with ward staff.						31
50. For the relationship between ward staff and senior ward nurses to be one of mutual trust and confidence.						32

cont....

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